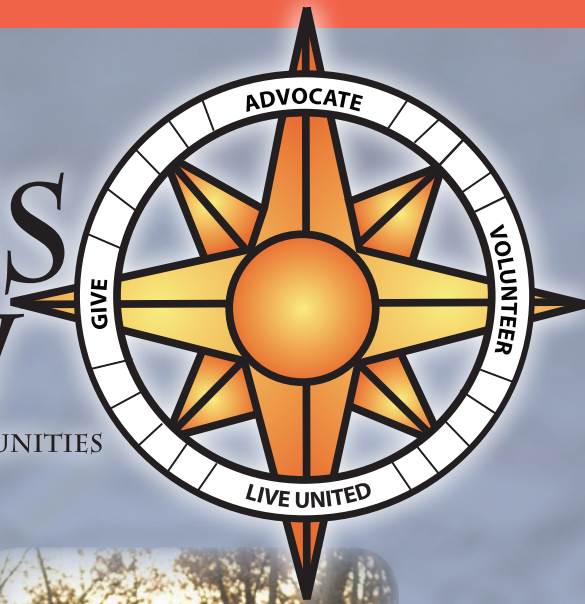


# FINAL REPORT

# 2012 COMPASS NOW

NAVIGATING TOWARD STRONGER COMMUNITIES



COMPASS NOW 2012 is an assessment of needs in the five county Great Rivers Region. The COMPASS NOW 2012 Report presents the results of data collected through a community survey, community focus groups, an extensive review of socio-economic indicators, and an inventory of community resources. This report summary highlights the key findings of the COMPASS NOW 2012 assessment.

The full report is available online at [www.compassnow.org](http://www.compassnow.org)

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## Glossary of Terms

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**Aging of population:** process in which the proportion of adults and elderly increase in a population, while the proportion of children and adolescents decrease. This process results in a rise in the median age of the population.

**Baby Boom:** the dramatic increase in fertility rates and in the absolute number of births in the United States, Canada, Australia, and New Zealand during the period following World War II (1947-1961).

**Binge drinking:** pattern of drinking usually corresponds to 5 or more drinks on a single occasion for men or 4 or more drinks on a single occasion for women, generally within about 2 hours.

**Body Mass Index (BMI):** is a common measure expressing the relationship (or ratio) of weight-to-height. Individuals with a BMI of 25 to 29.9 are considered overweight, while individuals with a BMI of 30 or more are considered obese. For a BMI Calculator see: <http://cdc.gov/healthyweight/assessing/bmi/>

**Built environment:** the human made environment including homes, schools, workplaces, highways, and other supporting infrastructure.

**Chronic disease:** a disease that persists over a long period of time for example heart disease, cancer, diabetes.

**County Health Rankings:** a website ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)) that provides access to 50 state reports and county level rankings according to multiple health factors and health outcomes.

**Economically disadvantaged:** a term used by departments of education to refer to the status of students in families who meet the income eligibility guidelines for free or reduced-price lunch under the National School Lunch Program.

**Financial literacy:** the ability to use knowledge and skills to manage financial resources effectively for a lifetime of financial well-being. It includes skills like long-term vision and planning for the future, and the discipline to use those skills every day.

**Food desert:** a low-income census tract where a substantial number of residents has low access to a supermarket or large grocery store. A low-income census tract is generally one where the poverty rate is 20 percent or higher. Low access is defined as at least 33 percent of the census tract's population residing more than one mile from a supermarket or large grocery store and 10 miles for rural census tracts.

**Food insecurity:** having limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire these foods in socially acceptable ways.

**Infectious disease:** any disease caused by the entrance, growth, and multiplication of microorganisms in the body; a germ disease. It may not be contagious.

**Median age:** the age that divides a population into two numerically equal groups; that is, half the people are younger than this age and half are older.

**Mental illness:** a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning.

**Morbidity:** the frequency of disease, illness, injuries, and disabilities in a population.

**Mortality rate:** is a measure of the number of deaths in a population, also called death rate.

**Poverty threshold:** dollar amounts the Census Bureau uses to determine a family's or person's poverty status.

**School readiness:** the concept that describes the capabilities of children, families, schools, and communities to support and promote student success in all grades.

**Surface waters:** water located above ground such as in lakes, ponds, reservoirs, rivers, seas, etc.

**Unemployment:** is the measure of persons who do not have a job, have actively looked for work in the prior 4 weeks, and are currently available for work.

**Wage adequacy:** the degree which a given wage is adequate to meet the basic needs of an individual or family.

**Water runoff:** is the water flow that occurs when soil is infiltrated to full capacity and excess water from rain, meltwater, or other sources flows over the land.

**Years of Potential Life Years Lost (YPLL):** is an estimate of the average years a person would have lived if he or she had not died prematurely.

**Youth Risk Behavior Survey (YRBS):** a national school-based survey part of the Youth Risk Behavior Surveillance System that monitors six categories of priority health-risk behaviors among youth and young adults.

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## Overview

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COMPASS NOW 2012 is a joint effort of Great Rivers United Way, area healthcare organizations, and county health departments to improve the quality of life for everyone in our community. The purpose of COMPASS NOW is to assess the needs in our community, identify community resources to address the most urgent needs and encourage action plans that solve community problems. The COMPASS NOW Report has been a resource in the Great Rivers Region since the first needs assessment was conducted in 1995. The United Way initiated this endeavor out of a strategic planning decision to transition from a distributor of resources to a solver of community problems. As a result of the first COMPASS NOW assessment, the United Way focused its funding system to more clearly reflect the needs identified in the community. In addition, many community organizations use the COMPASS NOW Report findings to shape their own priorities and support grant requests.

The wide reaching effects of the global economic crisis coupled with new mandates to healthcare organizations to conduct community needs assessments were the impetus to implement COMPASS NOW in 2012. Great Rivers United Way led the formation of a strong community partnership and worked with a committed team of area experts to complete the assessment. The partnership operated in synergy promoting greater collaboration among organizations working towards improving the health and well-being of the population.

The COMPASS NOW 2012 process included a variety of data collection methods used to create an overall description of the issues facing our communities. These methods include a random household survey, focus group discussions held with community members, an extensive review of socio-economic indicators, and an inventory of community resources. The data collected guided the development of 4 pillar profiles. We refer to them as pillars since they create the building blocks to a better life. The pillars of the COMPASS NOW Report are: Health, Income, Education, and Community. The profiles describe our community with regards to the key issues in each area. Each profile pulls key indicator data, COMPASS survey and focus group results in a narrative format that is intended to be easy to navigate. Additional reports on the household survey and focus group results are included in the Report Appendix. The website [compassnow.org](http://compassnow.org) has additional indicator data with county level data wherever possible.

After significant review of the data, twelve issues were identified as most important to the Great Rivers Region by the COMPASS NOW Leadership Team. The criteria used to narrow down the issues were:

1. How widespread is the issue in our community?
2. How serious are the effects of the issue in our community?
3. How important is the issue to the community?

Leadership Team members also applied their own knowledge of the issues. An overall prioritization of the issues was not done. It was a challenge to narrow the list to twelve and the team decided to highlight emerging issues as well. The COMPASS NOW Report also draws attention to issues where data is limited.

The COMPASS NOW Report provides guidance and should be the foundation to action plans that solve problems long term. Great Rivers United Way utilizes the COMPASS NOW Report to inform their grant allocation process and develop their strategic plan. Healthcare organizations and county health departments will utilize COMPASS NOW results to develop their community health improvement plans.

The COMPASS NOW 2012 partnership is made up of the Great Rivers United Way, Gundersen Lutheran, Mayo Clinic Health System, St. Joseph's Health Services-Gundersen Lutheran, Tomah Memorial Hospital, Tri-County Memorial, Vernon Memorial Healthcare, La Crosse Community Foundation, and the 5 County Health Departments.

# report summary

**COMPASS NOW 2012 is a joint effort of Great Rivers United Way, area health care organizations, and county health departments to improve the quality of life for everyone in our community.**

The purpose of COMPASS NOW 2012 is to:

- Assess the needs in our community
- Identify community resources to address the most urgent needs
- Encourage action plans that solve community problems

This is the fourth COMPASS NOW assessment implemented in the Great Rivers Region. Previous assessments were completed in 1995, 2001, and 2007. The COMPASS NOW Report serves as an important resource for organizations by providing updated data to measure progress, monitor trends, and further prioritize efforts to improve the quality of life for all residents in the Great Rivers Region.

COMPASS NOW 2012 gathered information in 3 ways:

- A random household survey
- Focus group discussions held with community members
- An analysis of key socio-economic indicators

The most important element of the COMPASS NOW 2012 needs assessment is the widespread community involvement. More than 1,900 people contributed to the results of this report. Filling out the household survey, participating in a focus group or serving as a COMPASS NOW team member is vital to the process. This COMPASS NOW Report would also have not been possible without the financial support of each partner organization.

The COMPASS NOW process does not end with this report. The information collected must be the foundation for action plans that not only respond to needs but help solve problems long term. With limited resources and increasing needs, now is the time to reimagine how we collaborate efficiently and effectively to solve our most profound problems. Our action plans must have solutions that will have a lasting impact on our communities so all members may reach their full potential.

**Thank you for the support and dedication to the Great Rivers Region!**



The Great Rivers Region is located in western Wisconsin and southeastern Minnesota.

### **La Crosse County**

Population: 114,638  
Population in poverty: 12.8%  
Unemployment rate: 6.3%  
Uninsured ages 18-64: 11%  
Uninsured under age 19: 3.7%  
Adults 25+ years with a high school education or less: 37.9%

### **Monroe County**

Population: 44,673  
Population in poverty: 12.2%  
Unemployment rate: 7.2%  
Uninsured ages 18-64: 13.9%  
Uninsured under age 19: 7.2%  
Adults 25+ years with a high school education or less: 53.1%

### **Trempealeau County**

Population: 28,816  
Population in poverty: 11.8%  
Unemployment rate: 7%  
Uninsured ages 18-64: 13.2%  
Uninsured under age 19: 7.1%  
Adults 25+ years with a high school education or less: 54.9%

### **Vernon County**

Population: 29,773  
Population in poverty: 15.6%  
Unemployment rate: 7.6%  
Uninsured ages 18-64: 17.3%  
Uninsured under age 19: 11%  
Adults 25+ years with a high school education or less: 52.3%

### **Houston County, MN**

Population: 19,027  
Population in poverty: 8.6%  
Unemployment rate: 7.8%  
Uninsured ages 18-64: 10.6%  
Uninsured under age 19: 7%  
Adults 25+ years with a high school education or less: 45.2%



at a glance

## **Preventing disease and promoting healthy behaviors improves lives, lowers health care costs and improves quality of life.**

The COMPASS NOW Report identified these key health issues:

- Alcohol Use
- Health Care Access and Cost
- Mental Health
- Obesity

Emerging issues in the region are:

- Dental Care Access and Cost
- Illegal Drug Use

### **Health Highlights**

- There is a high rate of binge and excessive drinking in the Great Rivers Region by adults and youth. In 2010, between 20-25% of 9-12th graders in the region reported binge drinking in the past 30 days. Between 23-27% of adults reported excessive drinking in the past 30 days.
- The Great Rivers Region has high quality health care providers; however, focus group participants indicated that rising health care costs, specifically high deductibles and reduced health benefits result in people avoiding health care.
- Mental illness is the leading cause of disability in the US for people ages 15-44. Spending for mental health care in our region reached more than \$27 million in 2010, a nearly 11% increase from the previous year. The suicide rate in the Great Rivers Region is higher than the state and national average.
- Adult obesity is associated with several serious health conditions including heart disease, diabetes, and some cancers. Obesity rates in adults and children have dramatically increased over the past decade. In the last 5 years alone, the adult obesity rate in the Great Rivers Region increased by 16%. Nearly 30% of adults in the region are obese and about 35% are overweight.
- Oral health is essential to overall health yet 54% of those surveyed rated the affordability of dental care in their community as fair or poor. The Great Rivers Region has a shortage of dentists who provide services to Medicaid patients; only one-quarter of those receiving Medicaid receive dental services.
- Illegal drug use is a concern with 67% percent of survey respondents expressing high concern.

# health





**A high quality of life in a thriving community requires safe, satisfying jobs that offer wages that can provide adequate housing and a good standard of living.**

The COMPASS NOW Report identified these key income issues:

- Limited Economic Development
- Low Living Wages
- Unemployment

An emerging issue in the region is:

- Having Enough Food / Food Insecurity

**Income Highlights**

- One-third of survey respondents indicated their ability to meet the basic needs of food, housing, and clothing was either fair or poor.
- Focus group participants stated that unemployment and poor wages have a negative impact on the health of our community. People are less able to afford healthy food and many have to choose between food and medical care.
- Several indicators show the limits to economic development in the Great Rivers Region such as losses of manufacturing jobs, unemployment, foreclosures, aging homes, and an unprepared workforce. 62% of survey respondents rated their community's efforts to plan for a strong economic future as fair or poor.
- Local unemployment is less than the national average yet unemployment and underemployment remain one of the most challenging issues facing the region. 75% of survey respondents rated the availability of jobs with wages that offer a good standard of living as either fair or poor.
- Although homelessness in our community remains largely hidden local data suggests it is on the rise. Local shelters and schools are seeing more families with young children becoming homeless.
- More children in the Great Rivers Region are living in poverty. In the past 5 years, the percentage of students receiving free and reduced lunches has risen in every county and increased by 30% overall. The percentage of the population using the Federal food stamp program doubled from 2006 to 2010.



income



# education

**Education provides us a better understanding of the world around us; it is a key building block to a healthy community reaching its full potential.**

The COMPASS NOW Report identified these key education issues:

- School Readiness
- Job Skills Training

Emerging issues in the region are:

- Risks to Youth
- Higher Education Costs

## **Education Highlights**

- 85% of survey respondents rated their K-12 schools either good or excellent. The same percentage rated the quality of higher education as good or excellent.
- School readiness is more than having an expected level of knowledge in language and math. A child's family and community must be able to provide an environment that encourages positive growth throughout the child's entire education. Children without enough nutritious food or who do not have a supportive home life are less ready to learn.
- In 2009, between 12-25% of children in the Great Rivers Region under age 19 lived in poverty (income below \$21,756 for a family of two adults and two children). The state average for the same year was 17%.
- Schooling after high school is much lower in our rural areas. Focus group participants said the greatest barrier to higher education is rising tuition costs.
- Youth face several risks and how they manage them has a profound impact on their health and future. In recent youth surveys, between 35-47% of high school students responded that they had sex; 19-30% had ever used marijuana, and about 13% had seriously considered suicide in the past year.
- Increasingly, employers require a more educated workforce. This trend will continue as industries demand specific skills to compete effectively in a global and technology-based economy.



**A healthy natural environment, public safety, transportation, leisure, and support services contribute to strong community life.**

The COMPASS NOW Report identified these key community issues:

- Transportation
- Food Availability
- Childcare

An emerging issue in the region is:

- Senior Housing

**Community Highlights**

- 92% of survey respondents rated their community as a good or excellent place to live. 90% rated the air quality as good or excellent and 76% rated the quality of the drinking water as good or excellent.
- Respondents rated the Great Rivers Region highly on several aspects of public safety; however, property crime, violent crime, and sexual assault rates are highest in La Crosse County and are similar to state averages.
- Reports point to a need for public transportation that crosses county borders particularly for the elderly and people with lower income. 55% of survey respondents rated the availability and accessibility of public transportation in their community as either fair or poor.
- Monroe and Vernon counties have large areas of their counties that are considered “food deserts”, areas where at least a third of the population has limited access to healthy food.
- Childcare is a costly expense for working families. Wisconsin and Minnesota rank in the top 10 most expensive states for childcare. On average, the annual cost of licensed child care for an infant in Wisconsin is \$10,520 and \$13,650 in Minnesota.
- Focus group participants expressed concern for the elderly with regard to their transportation needs, support services and lack of suitable housing.



community

# Profiles

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# A Health Profile of the Great Rivers Region

## Introduction

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The purpose of this section of the COMPASS NOW Report is to give an overview of the health of the Great Rivers Region. This section is not meant to duplicate other health summary reports; instead, its purpose is to give context to the COMPASS NOW 2012 needs assessment and focus on the impact that health has on our community. It is a summary of key health indicator data, as well as an integration of COMPASS NOW random household survey and focus group results.

## How healthy are we?

---

### Measures of overall health

There are many measures that look at the overall health of a population. Several national organizations provide reports on the overall health of individual states. The best known report, "*America's Health Rankings*" by United Healthcare, placed (nationally) Wisconsin 18<sup>th</sup> and Minnesota 6<sup>th</sup> for overall health in 2010.<sup>1</sup>

There is a belief that the health of a community depends on many different factors. These range from health behaviors, education, jobs, quality of health care, and the environment. The University of Wisconsin - Population Health Institute and the Robert Wood Johnson Foundation have developed a national system of health rankings, by which every county within each state is ranked on data specific to their population.<sup>2</sup> There are two overall rankings; an overall health outcomes score, and an overall health factors score. The overall health outcomes measure indicates how long people live (mortality) and how healthy people feel while they are alive (morbidity). The health factors ranking is based on measures that are more predictive of future health outcomes: health behaviors, clinical care, socioeconomic factors, and the physical environment. The overall health outcomes scores for each county are shown in **Table 1**. Vernon County's overall health outcomes score ranked in the first quartile, La Crosse and Houston counties in the second, Monroe County in the third, and Trempealeau County's ranking was in the bottom quartile.

**Table 1: 2011 County Health Rankings: Health Outcomes**

County <sup>1</sup>	Health Outcomes Ranking	Mortality Ranking	Morbidity Ranking
La Crosse	22	13	38
Monroe	49	58	39
Trempealeau	56	62	48
Vernon	15	46	1
Houston	41	46	44

Source: County Health Rankings, Mobilizing Action Toward Community Health.  
<http://www.countyhealthrankings.org/>

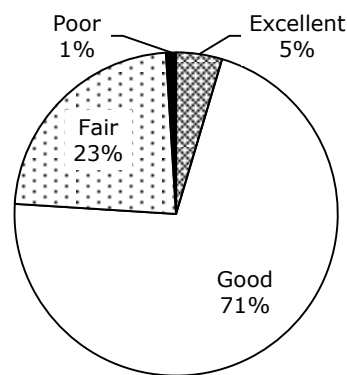
<sup>1</sup>Wisconsin counties' rankings are out of 72 counties, Minnesota's are out of 85 counties.

**How healthy do we think we are?**

---

In the COMPASS NOW 2012 random household survey, residents in each of our counties indicated their perception of the overall health of their community (see **Figure 1**). In general, about 75% of the survey respondents rated the health of the people in their community as excellent or good. Houston County residents rated the people in their community healthier than the average, while Monroe and Vernon County residents rated the people in their community as a bit less healthy than the average. Elderly individuals rated the overall health of people in the community statistically better than did those respondents who were younger.

**Figure 1: Self-reported overall health of people in your community**



Source: COMPASS NOW 2012 Random Household Survey

**Summary:** While none of the counties in the Great Rivers Region rate outstandingly by objective global measures of health, or by more subjective perceptions of our residents, the Great Rivers Region has better than average health. Vernon County ranks higher than all counties in the County Health Rankings, though its residents rated their overall health lower than residents of other counties.

## **What is making us ill?**

---

### **Local birth and death rates**

Birth and death rates are important indicators of a community's health. They can reflect general age-sex structure, fertility, economic prosperity, education, and quality of life within a community. Higher live birth rates can be directly linked to better medical attention throughout a pregnancy and birth process. Lower death rates can be attributed to medicines and procedures to save people's lives and help them live longer.

Wisconsin's birth rate is continually lower than Minnesota's birth rate and similar to national trends. Both have been declining slightly over the past four years. Monroe, Trempealeau, and Vernon counties' birth rates of 12-15 people per 1,000 were consistently higher than Wisconsin's overall birth rate. La Crosse and Houston Counties had a continually lower birth rate than their respective state. Wisconsin's death rate (about 8 people per 1,000) is slightly higher than the Minnesota death rate (about 7 per 1,000). The counties of the Great Rivers Region have an average death rate of 7 to 10 people per 1,000.

*Caution: Due to the small population size in some of our counties, a few additional births or deaths each year could alter the rates that are given above.*

### **What affects birth rates?**

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A number of important statistics should be considered when examining birth rates. These maternal and child health figures include teen pregnancy, low birth weight, prenatal care, and infant mortality. A data comparison of the Great Rivers Region is found in **Table 2**.

**Teen pregnancy** is important as it can lead to a huge economic and health strain on our society. Teen mothers, and their children, are less likely to complete high school and thus live at a poverty level. The negative health results of a teen pregnancy can include: premature birth, a low birth weight infant, and an increase in the infant death rate. The teen pregnancy rate is highest in Monroe County and has been increasing over the past 4 years.

**Table 2: Comparison of Maternal and Child Health Factors by County  
(average rates from 2006-2009)**

County/State	Teen birth rate (per 1000 births)	Low birth weight (%)	Late prenatal care (%)	Infant mortality rate (per 1000 births)
La Crosse	Low: 18.8** Trend: decreasing. Lower than WI.	Medium: 6.0 Trend: flat. Lower than WI.	Low: 15.9%**	Low: 4.4**
Monroe	High: 37.3* Trend: increasing. Higher than the WI & US.	Medium: 5.7 Trend: decreasing. Low in 2009 Same as WI.	High: 28.4%*	Low: 6.8** High in 2008
Trempealeau	Medium: 28.3 Trend flat/decreasing. Same as WI, higher than US.	Medium: 5.6 Trend: flat High in 2009. Lower than WI.	Medium: 25.3%	Low: 3.5** High in 2006
Vernon	Low: 17.2** Trend: decreasing. Lower than WI.	Medium: 5.7 Trend: flat HIGH in 2006. Lower than WI & US	High: 37.2%*	Low: 6.9** High in 2009
Houston	Low: 14.8** Trend: decreasing. Lower than MN & US.	Low: 4.1 Trend: decreasing. Same as MN.	Low 14.4%**	Low: 5.6** Higher than MN.
Wisconsin	Medium: 31.1 Trend: flat/decreasing.	Medium: 7.0 Trend: flat.	Low: 17.0%	Low: 6.5
Minnesota	Medium: 26.6 Trend: flat/decreasing.	Medium: 6.6 Trend: flat.	Low: 14.1%	Low: 5.4

Source: COMPASS Now 2012 Health Indicators Report: Teen Births, Low Birth Weight, Late Prenatal Care, Infant Mortality \* indicates areas of concern; \*\* indicates areas performing well

**Low birth weight** is defined as a newborn weight of lower than 5 pounds – 8 ounces (2,500 grams). Many premature babies born before the thirty-seventh week of pregnancy have low birth weight. If a mother smokes, drinks alcohol, uses drugs, or has exposure to environmental toxins, the risk of low birth weight increases dramatically. In addition, the newborns face health risks such as: respiratory illness and chronic lung disease, vision and hearing problems, and neuron-developmental impairments. Low birth weight deliveries are more common among women who begin prenatal care later in pregnancy, women with no health care coverage or lower socioeconomic status, and teens. Low birth weight rates are neither

high nor low by county, affecting about 6 out of every 1,000 pregnancies in the Great Rivers Region.

**Prenatal care** that begins during the first trimester of a pregnancy has been shown to increase the odds of a healthy birth and a healthy baby. Medical conditions, environmental hazards, and lifestyle factors are just some of the risks that can be identified and addressed. The well-being of both mother and child is at risk when care is delayed or neglected altogether. Late prenatal care is related to low birth weight babies, preterm deliveries, and an increase in infant mortality. Not only does early prenatal care improve the health of the mother and baby, but it has been shown to be cost effective in terms of health care. Vernon, Monroe, and Trempealeau counties all have a high rate of late prenatal care.

**Infant mortality** is measured by the number of infant (1 year of age or younger) deaths per 1,000 live births. The infant mortality rate (IMR) is a useful indicator, used world-wide, as measure of health and development. Infant mortality can be caused by a number of factors. Health conditions originating in the prenatal period account for about 50% of infant deaths. This category includes an assortment of conditions that occur just before, during, and after birth, such as: pregnancy complications, complications of the placenta, cord and membranes; and unspecified prematurity and low birth weight. Other causes of infant death may be attributed to infections and parasitic diseases, accidents, SIDS, congenital malformations, deformations, and chromosomal anomalies. The infant mortality rate is low in the Great Rivers Region.

Within the Great Rivers Region, maternal and child health is exceptional. Of the 5 counties in the Great Rivers Region, La Crosse and Houston counties rate higher than their respective states on all of these measures. Vernon County has the lowest teen pregnancy figures; however has the highest rate of late prenatal care and a high infant mortality (2009) in the Great Rivers Region. Monroe County has a higher teen pregnancy and late prenatal care rate than Wisconsin and United States. Trempealeau County also rates higher than the average national levels in teen pregnancy, low birth rate deliveries, and late prenatal care.

It is important to note that some religious or ethnic groups within the Great Rivers Region do not believe in medical care except in an emergency. This may affect statistics like initiation of prenatal care. It can be difficult as a county to change these cultural practices. However, it is important to focus on outcomes and intervene when necessary.



**What are the primary causes of death in the region?**

The primary causes of death for counties in the Great Rivers Region are shown in **Table 3**. Most of these causes are from chronic diseases which have a preventable component to them. Age also plays a part in how we die. Typically, chronic disease is the leading cause of death in older adults. Injury, unintentional, and accidental causes are more common for deaths occurring in the younger population.

**Table 3: Top 10 causes of death per 100,000 lives by County (2009)**

Cause of Death	La Crosse	Monroe	Tremp.	Vernon	Houston
Cancer all types	174.4	260.3*	205.0	251.3*	235.7
Heart disease	152.4	197.0	201.4	254.7*	205.6
Stroke	60.6	65.7	39.6	75.7*	40.1
Chronic lower respiratory disease	47.7	51.6	57.5*	37.9	65.2*
Nephritis	32.1	21.1	46.7	27.5	15.0
Alzheimer’s Disease	29.4	35.2	32.4	13.8	20.1
Pneumonia/ influenza	25.7	14.1	18.0	34.4*	15.0
Diabetes	17.4	21.1	21.6	13.8	40.1*
Suicide	13.8	23.5*	18.0	17.2	5.0
Motor vehicle accidents	7.3	14.1	21.6*	27.5*	15.0

Source: La Crosse Medical Health Science Consortium Scorecard. [www.communityscorecard.com](http://www.communityscorecard.com)  
 \* indicates areas of concern.

**What are the primary illnesses in the Great Rivers Region?**

Those **chronic diseases** that are the main causes of death in our region are also the main causes of illness. Unfortunately, it is difficult to find solid data on these diseases in our area. Heart disease, hypertension, high cholesterol, cancers, lung diseases like asthma and COPD, are all too common of conditions among our residents. Nearly 50% of Americans live with at least 1 chronic disease.<sup>3</sup> Heart disease is the number one cause of death and affects over 12% of all Americans. Additionally, 33% of Americans have hypertension and 15% have high cholesterol. Nationally, 1 million Americans are disabled from strokes and many can no longer perform daily tasks such as bathing and eating. Over 25 million Americans have diabetes; which is the leading cause of kidney failure, lower leg amputations, and blindness among adults. There are also approximately 11 million

Americans in remission for cancer as well as an estimated 500,000 deaths from newly diagnosed cancers each year.

In the early 1900s, **infectious diseases** were the cause of most of our illnesses and deaths. Deaths from pneumonia, tuberculosis, and diarrhea were the primary causes of death. With the advancement of immunizations, antibiotics and other treatments, deaths from these causes have been greatly reduced. Several infectious diseases are reportable illnesses that are now monitored at a local and national level. Immunization compliance rates by county for school-age children range from 70 and 90%. As indicated above, some population-based cultural differences may lead to a need to modify public health and healthcare provider's strategies to ensure adequate immunization to prevent outbreaks of vaccine preventable illnesses. **Table 4** includes a number of infectious diseases that are monitored today.

**Table 4: Rates for Reportable Infectious Diseases  
(Rate per 100,000 population)**

	<b>La Crosse</b>	<b>Monroe</b>	<b>Tremp.</b>	<b>Vernon</b>	<b>Houston</b>	<b>WI State</b>	<b>MN State</b>
Chlamydia (2008)	301*	251	234	55	182	375	276
All Sexually transmitted infections (2009-2010)	414*	250	261	88	125	492	287
Food and Waterborne illnesses (2009-2010)	21.1	32.8	25.2	75.7*	15.0	NA	19.9
Vaccine Preventable (2009-2010)	4.6	5.9	1.8	20.7*	110.3	NA	20.8
Lyme disease (2009-2010)	103.3*	166.5*	80.9	105.0*	92.8	40.3	23.0

Source: County Health Rankings, Mobilizing Action Toward Community Health. <http://www.countyhealthrankings.org/>, [www.health.state.mn.us/divs/idepc/dtopics/stds/stats/stdstats2010.html#1](http://www.health.state.mn.us/divs/idepc/dtopics/stds/stats/stdstats2010.html#1), [www.dhs.wisconsin.gov/communicable/STD/Statistics\\_State.htm](http://www.dhs.wisconsin.gov/communicable/STD/Statistics_State.htm)

\* indicates areas of concern.

Risky sexual behavior leads to an increase in **sexually transmitted infection** (STI) and/or **sexually transmitted diseases** (STD). Rates of STIs have declined significantly from the late 1980s when HIV/AIDS was a major concern. Prevention efforts for HIV included major educational efforts within the secondary and higher educational systems. These efforts significantly decreased the rates of all STIs. As treatment for HIV has improved, the focus on prevention of STIs has decreased and there has been a gradual increase in the STI rates as a result. Statistics on STDs are based on the three conditions that physicians are required to report; chlamydia, gonorrhea, and syphilis. These represent only a fraction of the true burden of STDs. Some common diseases such as human papilloma virus (HPV) and genital herpes are not reported to the CDC. In total, the CDC estimates that

there are approximately 19 million new STIs each year. This can cost the U.S. healthcare system \$16.4 billion annually and cost individuals even more in terms of acute and long-term health consequences.<sup>4</sup> Nationally, the rate of gonorrhea is at an all-time low while the rate of syphilis has reached a plateau. The rate of chlamydia has also increased; due mainly to improved diagnosis and screening. On a local level, chlamydia and other STDs are more prevalent in La Crosse County. This is likely due to the high concentration of college students who participate in risky sexual behavior. These students are also more likely to be diagnosed and treated in their college community, rather than in their home community.

**Food and waterborne illnesses** that are known to arise locally include: salmonella, giardia, and hepatitis. Salmonella and hepatitis are usually caused by consuming contaminated food. Giardia can be spread from person-to-person or through contaminated water. Most food and waterborne illnesses cause minor diarrhea, nausea, and vomiting. However, these symptoms can become severe. Over the past several years, the rates of food and waterborne illnesses have decreased in our area. However, an accidental contamination of food at a large event can cause these statistics to spike. For example, Vernon County had 32 cases of salmonella reported in 2010; compared to a usual rate of about 5 cases a year.

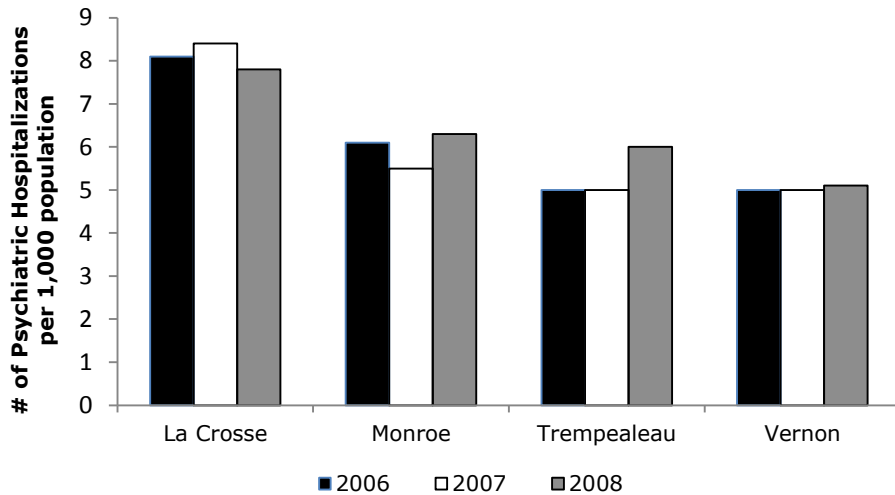
**Vaccine preventable illnesses** that are reported and monitored include measles and pertussis. Pertussis, also known as whooping cough, is a bacterial respiratory infection which is characterized by severe spasms of coughing. Before the introduction of the vaccination in the 1940s, pertussis was a major cause of illness and death among infants. Since the introduction of the pertussis vaccination, case reports of this illness decreased more than 99%. However, an increasing number of pertussis cases have been reported to the CDC since the 1980s; especially among adolescents aged 10-19 years and adults.<sup>5</sup> It is also felt that pertussis is underreported since many people who develop the illness do not seek treatment. The best way for pertussis to be managed to a lower level in the community is to insure that all adults are vaccinated for this by receiving the tetanus, diphtheria, and pertussis vaccine (Tdap) in place of the usual tetanus-diphtheria vaccine (Td). Due to some of the religious, ethnic, or cultural differences within the region, immunization rates in some counties are not as high. Locally, there was a significant increase in the number of pertussis cases reported in Houston County in 2009 and in Vernon County in 2010, though all counties in the Great Rivers Region have seen a significant increase in the number of cases. County health departments need to monitor outbreak rates and when possible develop appropriate solutions.

**Lyme disease** was first discovered in the 1980s.<sup>6</sup> It is common to the Great Rivers Region due to the specific tick (generally carried by white-tail deer) that spreads the disease. Disease prevention strategies include: educating residents to identify the disease, how to properly remove the ticks, and how to avoid being bitten. Lyme disease is treatable; however, those that go undiagnosed or are diagnosed later in the disease cycle have a slower recovery rate. The rate of Lyme disease in our area was greater in 2010 than previous years. La Crosse County reported 181 cases of Lyme disease compared to the average (25-30 cases) in previous years.

**Mental illnesses** are common in the United States and throughout the world. The National Institute of Mental Health estimates 26.2% of Americans (ages 18 and older) suffer from a diagnosable mental illness in any given year.<sup>7</sup> Even though mental disorders are widespread, the main burden of illness is typically concentrated in a much smaller proportion (about 6%) of the population; primarily, those who suffer from a serious mental illness. Additionally, mental disorders are the leading cause of disability in the US for people ages 15-44. Mental illness has a significant impact on the workplace that often goes unrecognized. Mental illness causes more days of work loss and work impairment than chronic health conditions such as asthma, diabetes and heart disease.

Data surrounding the issues of mental illness are scarce. A recent project, *"The Burden of Mental Illness for the La Crosse and the Surrounding Area,"* highlights some of the data that has been gathered to illustrate the picture of mental illness in the Great Rivers Region.<sup>8</sup> Data from high school students (see **Table 9**) suggest that 12 to 14% of youth have considered suicide in the past year. Approximately 30% of college students in the Great Rivers Region reported having depression. The rate of psychiatric hospitalizations has remained stable over the past 3 to 5 years (see **Figure 2**). Although hospitalizations are stable, health care charges are substantial and rising. Charges for clinic and emergency room visits and hospital stays due to mental illnesses for 2009-2010 in our region were over \$52.4 million dollars (approximately \$24.9 million in 2009, and \$27.6 million in 2010).<sup>8</sup>

**Figure 2: Rate of psychiatric hospitalizations for Wisconsin Counties from 2006-2008**



Source: Public Health Profiles, 2006-2008, Wisconsin Department of Health Services, <http://www.dhs.wisconsin.gov/localdata/pubhlthprofiles.htm>  
Houston County data was not available.

**Table 5: Suicide rate for 2007-2009 (all age groups)**

County	Deaths by Suicide (2007-2009)		Years of Potential Life Lost (YPLL)
	#	Rate/100,000	# of Years
La Crosse	41	12.1	1,279
Monroe	23	17.4	757
Trempealeau	17	20.1	509
Vernon	11	12.4	271
Houston	9	15.5	NA

Source: WISH, Wisconsin Department of Health Services, Division of Public Health, The Burden of Mental Health A Report on La Crosse and the Surrounding Region, 2011.

**Table 5** indicates the number of deaths by suicide in the counties of the Great Rivers Region for 2007-2009. Suicide is one of the leading causes of death among the younger generations (11 to 24 year olds), resulting in many years of productive life lost. This is measured by the statistic, years of potential life lost (YPLL). Trempealeau County has the highest rate of suicides in 2007-2009. "The Burden of Suicide in Wisconsin" report released in 2008 indicates a higher rate of suicide in Wisconsin than in neighboring states.<sup>9</sup> Furthermore, suicidal behavior places a large burden on individuals, families, and communities. In Compass NOW 2012 key stakeholder and focus group meetings in all counties, several participants felt that mental illnesses are stigmatized

in our society and that this stigma hindered people from seeking assistance in a timely manner.

**Oral health** is not only important for quality of life, but is related to the health of the rest of the body. The state of Wisconsin released "The Burden of Oral Disease" report in 2010.<sup>10</sup> The report states, "While Wisconsin has made sufficient progress in improving the overall health status of Wisconsinites, oral disease continues to be a key health concern for the state." There is little information available on the overall oral health of children and adults in the Great Rivers Region. What is available is at a state level. In 2008-2009, 26% of Wisconsin Head Start children had untreated tooth decay, compared to 19% nationally. Twenty percent of children (aged 6 to 8 years) had untreated tooth decay. At present, there is no information available for older children or adults. Data that is available for Wisconsin adults indicates 75% of adults ages 35-44 years have no tooth loss compared with 38% nationally. Additionally, 15% of Wisconsin adults aged 65-74 are toothless compared with 24% nationally. Regarding oral preventive care, 51% of children have had sealants on their molars (32% nationally), and 75% of children and adults had a dental visit within the past twelve months (45% nationally). Lastly, 90% of Wisconsinites live in an area served by fluoridated water systems. Wisconsin counties within the Great Rivers Region vary on their availability of fluoridation, with the rural counties having more wells and private water systems (see **Table 6**).

**Table 6: Percent of Population exposed to Fluoridation**

County	% of Population served with Fluoridated Water:	
	Community Water Systems	All Water systems
La Crosse	50-74.9%	50-74.9%
Monroe	25-49.9%	0-24.9%
Trempealeau	50-74.9%	25-49.9%
Vernon	0-24.9% <sup>1</sup>	0-24.9% <sup>1</sup>
Houston	NA	NA

Source: Wisconsin Department of Health Services. 2010 Burden of Oral Disease in Wisconsin. Available at: <http://www.dhs.wisconsin.gov/publications/P0/P00209.pdf>  
 NA=Data not available for Houston County. <sup>1</sup> 0% of Vernon County population has community water systems.

**In their own words**

"Mental health issues are really affecting our community. People do not understand what mental illness even is. There is so much stigma with mental illness and then compound that in a small town where everybody knows everybody. There needs to be awareness that ignoring the issue is not the answer. Communities need to know that people are losing hope, people are suffering from depression and this leads to suicide and other issues."

COMPASS NOW  
 Focus Group Report

**Summary:** Chronic diseases such as heart disease, diabetes, and asthma are concern for the people of the Great Rivers Region. Maternal and child health is fairly good in La Crosse and Houston counties. Teen pregnancies and late prenatal care initiation are a potential health risk in Monroe, Trempealeau, and Vernon counties. Immunizations for infectious diseases vary somewhat by county, and are often affected by cultural norms. This provides a challenge for healthcare and public health to ensure adequate vaccination coverage to avoid outbreaks of infectious diseases. Mental health is a growing concern affecting health of residents in the counties of the Great Rivers Region. Little information is available on the dental health of residents of the region.

**What are the underlying risk factors or causes of illnesses?**

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**How lifestyle affects health**

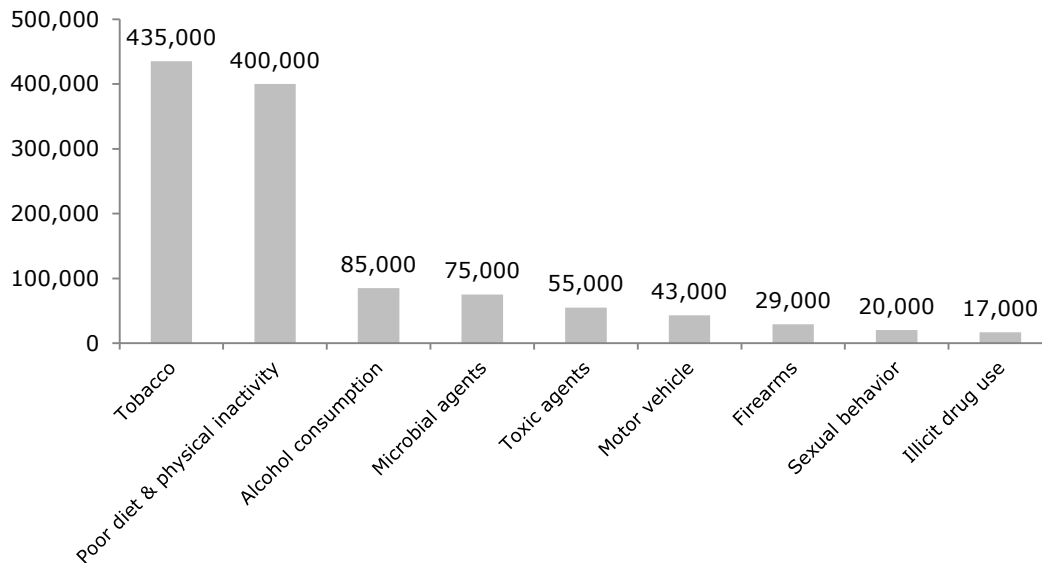
There is a clear connection between certain lifestyles or health habits. These habits are known as modifiable risk factors and are considered to be the major causes of death today. Research has suggested that between 35 and 40% of all deaths are caused by these risk factors.

**Table 7** shows the connection between the risk factors and chronic diseases. **Figure 3** shows the number of deaths attributed to different health risks and thus called the “actual causes of death.”

**Table 7: Relationship of risk factors to chronic disease**

Risk Factor	Heart Disease/ Stroke	Cancer	Diabetes	Chronic Lung Disease/ Asthma	Injury & Violence
Tobacco	X	X		X	
Poor diet and physical inactivity	X	X	X		
Alcohol consumption		X			X
Excess stress	X				X
Lack of preventive care	X	X	X	X	

Source: The Epidemic of Chronic Disease in Wisconsin. WI Department of Health Services. 2011. Available at: [www.dhs.wisconsin.gov/tobacco/1398WIDHSRiskFactorReportFinal.pdf](http://www.dhs.wisconsin.gov/tobacco/1398WIDHSRiskFactorReportFinal.pdf)

**Figure 3: Actual Causes of Death in the United States in 2000**

Source: Mokdad AH, et al. Actual causes of death in the United States, 2000. JAMA 2004; 291:1238-1245

### **How common are these behaviors among adults in the region?**

According to the 2011 County Health Rankings, La Crosse County ranks the highest (8<sup>th</sup> out of 72) of all counties in the Great Rivers Region when averaging the four risk factors: adult smoking, obesity, excessive drinking, and motor vehicle crashes (plus sexually transmitted infections and teen pregnancy rate). Houston County ranked 19<sup>th</sup> out of 85 counties in Minnesota. Trempealeau County ranked the lowest of the 5 counties on these factors. (see **Table 8.**)

**Tobacco use** is the leading cause of death in the United States; causing over 435,000 deaths nationally and approximately 7,700 deaths in Wisconsin yearly.<sup>11</sup> Tobacco use has declined nationally from 23.2% in 2000 to 17.3% in 2010. Wisconsin's tobacco use rate has also declined from 24% in 2000 to 19% in 2010 and Minnesota's rate went from 19.8% to 14.9%.<sup>12</sup> The use of tobacco in the Great Rivers Region has declined slightly over the past 5 years; though due to small county numbers in the overall statewide surveys, this is difficult to say with certainty. Houston County may have slightly fewer tobacco users than the other counties, partially due to a difference in tobacco policies in Minnesota passed prior to Wisconsin.



**Table 8: Select Health Risks by County**

County <sup>1</sup>	Health Behavior Ranking	Adult smoking	Adult obesity	Excessive drinking	Motor vehicle crashes (per 100,000)
La Crosse	8	20%	26%	23%	9
Monroe	48	24%	28%	27%*	18
Trempealeau	63	23%	30%*	24%	28*
Vernon	32	22%	28%	24%	19
Houston	19	18%	27%	23%	20
Wisconsin		21%	28%	25%	15
Minnesota		19%	26%	20%	13

Source: County Health Rankings, Mobilizing Action Toward Community Health. <http://www.countyhealthrankings.org/>  
 \* indicates areas of concern. <sup>1</sup>Wisconsin counties' rankings are out of 72 counties, Minnesota's are out of 85 counties.

**Obesity**, the second leading cause of death in the United States, has increased significantly from 2000 to 2010. This increase has occurred nationally as well as within Minnesota, Wisconsin, and within the Great Rivers Region. Nationally, obesity rates have increased by one third in the past decade, despite an increase in the percent of adults that are getting a sufficient amount of physical activity. From 2001 to 2009, there has been a 3 to 5% increase in the rate of adults meeting national physical activity guidelines. Nationally, 51% of adults are getting sufficient exercise. However, 25% of adults are getting no physical activity at all.<sup>12</sup> Also, only about 1 in 4 to 5 adults are consuming 5 or more servings of fruits and vegetables each day. Obesity is a significant issue in all of the counties in our region. Several initiatives have been initiated in some areas of the Great Rivers Region which attempt to address obesity issues. These efforts increase access to fresh and affordable fruits and vegetables and other whole grains and increase the bike-ability and walk-ability of our region. These programs are intended to have long-term effects on obesity. Unfortunately, there is little uniformity to these programs in all areas of the Great Rivers Region. Several areas within the Great Rivers Region, mainly in Vernon and Monroe counties, have been labeled "food deserts." See the Community Profile for more information on this.

**Excessive and risky alcohol use** has long been an issue of concern in the Great Rivers Region. It has been identified as a major problem in each of the previous COMPASS NOW reports. Alcohol use has a deep-rooted culture in our community going back to the late 1800s in part due to the strong role of the brewing industry in our region. According to the Centers for Disease Control (CDC), excessive alcohol use, either in the form of heavy drinking (more than 2 drinks per day

on average for men or more than 1 for women) or binge drinking (drinking 5 or more drinks on a single occasion for men or 4 or more for women), can lead to increased risk of health problems such as liver disease and/or unintentional injuries.<sup>12</sup> Excessive alcohol use is the third leading cause of death for people in the United States each year. Rates of alcohol dependence and alcohol abuse continue to be higher in Wisconsin than throughout United States. Counties in the Great Rivers Region have similar rates of heavy drinking and binge drinking. The environment plays an important role in whether or not these behaviors have a significant public health impact. Rural areas of our region have a greater chance of alcohol-related motor vehicle crashes; whereas urban areas of our region are more likely to see alcohol poisoning, drowning, and other acts of violence worsened by high alcohol concentrations.

**Motor vehicle crashes (MVC)** are the fourth leading cause of death in the United States. Rates of MVCs vary significantly between counties in the Great Rivers Region. As stated above, counties with a greater percent of their highways as county roads, such as Monroe, Trempealeau, Vernon, and Houston, have a higher crash rate than La Crosse County. These rates are also higher than Wisconsin and Minnesota. Rates of alcohol-related motor vehicle fatalities have also been higher in Wisconsin than throughout the United States for many years. Wisconsin has 1.5 times the national rate of arrests for operating a motor vehicle while intoxicated and more than three times other liquor law violations.

**Important note:** *The rates in Table 8 are reported in the County Health Rankings for 2011. These rates represent a combination of several years' worth of data. For example, adult smoking is based on data combined from 2003-2009. Excessive drinking is a combination of binge and excessive drinking over this timeframe. These statistics come from the Behavior Risk Factor Surveillance Survey, a telephone survey of residents in La Crosse County. Unfortunately, survey numbers are too small to report a yearly rate with any confidence. Thus, any recent changes in the rates of these behaviors are not reflected in the numbers in **Table 8**. However, short of completing a new survey, these are the best estimates that are available.*

### **How common are risky behaviors among our youth?**

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High school youth in the Great Rivers Region were surveyed on various health risks by completing the Youth Risk Behavior Survey (YRBS) in Wisconsin or the Minnesota Student Survey in Houston County. Results of key health behaviors are shown in **Table 9**.

**Tobacco use** among students has been on the decline for many years. In the 1990s, over 40% of high school students reported smoking in the past 30 days. Today, most counties in the Great Rivers Region report a daily smoking rate of about 12% and a 30-day smoking rate of 13 to 20%. Vernon County had more youth reporting 30-day tobacco use than all other counties. Daily tobacco use in Houston County was the lowest on the 2010 survey. However, the rate of 30-day tobacco use was higher than would be expected.

About 90% of the **alcohol** consumed by youth under age 21 (and 75% of those over age 21) in the United States is in the form of binge drinks. About 20 to 25% of youth in the Great Rivers Region reported binge drinking in the past 30 days. These numbers are similar to adult binge drinking rates. Between 8 and 15% of youth surveyed report driving after having too much to drink. This is a significant concern, given the nature of many poorly-lit and narrow rural roads in our area. High speed, inexperienced drivers, and alcohol are a dangerous combination.

**Marijuana and other drug use** rates have increased significantly in Wisconsin since 1993. Rates among youth in the Great Rivers Region (with the exception Trempealeau County) are similar to the state average. Trempealeau County's rate is the lowest at 18.5%. The most alarming trend is the increased rate of inhalant use, ecstasy use, and use of prescription drugs without a prescription with the intent to get high.

Presently, a majority of high school students reported feeling safe at school. Among Wisconsin youth, reports of physical fighting decreased significantly from 1993 to 2009. However, **violence** (reporting being hit or hurt) is still a strong concern among many high school students in our area. There is also a significant number of students that report being bullied while at school; especially electronically. Electronic bullying didn't exist in the 1990s; but as technology advances, the rate of cyber-bullying increases. At this time, about 1 in 5 youth in the Great Rivers Region now report being bullied electronically.

Many of the **high risk sexual behaviors** reported by high school students on the YRBS have decreased significantly since 1993. However, a significant percentage of students are still engaging in risky sexual behaviors. Between 35 and 45% of youth in the Great

Rivers Region reported ever having sexual intercourse. Using alcohol before sexual intercourse was reported in about a quarter of students who are sexually active. Thus, there is an increased risk of making poor decisions such as using protection.

**Table 9: Select Youth Risk Behaviors**

<b>YRBS Data</b>	<b>La Crosse 2010</b>	<b>Monroe 2011</b>	<b>Tremp. 2011</b>	<b>Vernon 2009</b>	<b>WI 2009</b>	<b>Houston 2010<sup>1</sup></b>
<b>Tobacco use</b>						
Daily smoking	11.1%	18.1%*	12.1%	12.7%	11.3%	6.6%
Smoked (30 days)	13.8%	18.5%	12.3%	23.7%	16.9%	17.1%
<b>Alcohol Use</b>						
Binge drinking (30 days)	19.9%	20.4%	15.0%	25.3%*	25.2%	NA
Drove after drinking (30 days)	7.7%	9.3%	8.0%	9.8%	8.9%	15.4%*
<b>Drug Use</b>						
Marijuana use (ever)	29.9%*	25.1%	18.5%	28.0%*	34.2%	13.9% (30 day)
Used inhalant (ever)	9.3%	9.3%	6.3%	12.9%	9.6%	NA
Used ecstasy (ever)	8.0%*	4.5%	5.2%	4.4%	4.9%	4.4%
Used prescription drug without a prescription	14.7%	18.4%	17.2%	20.6%	20.5%	NA
<b>Violence</b>						
Were hit, slapped or physically hurt by their boyfriend or girlfriend (12 months)	12.3%*	8.3%	7.2%	8.0%	8.4%	7.6%
Bullied on school property (12 months)	23.9%	23.4%	31.3%*	27.1%	NA	NA
Electronically bullied (12 months)	19.4%	17.0%	19.1%	NA	NA	NA
<b>Sexual Activity</b>						
Had sexual intercourse (ever)	35.0%	44.2%	35.9%	46.6%	40.9%	34.6%
<b>Mental Health</b>						
Seriously considered suicide (12 months)	13.8%*	12.5%	12.2%	12.2%	13.2%	22.1%* (ever)
<b>Obesity/diet/physical activity</b>						
Obese (self-reported height and weight)	9.2%	NA	NA	NA	9.3%	7.8%
Physically inactive (less than 60 min/day 5+ days/week)	52.8%	48.4%	45.4%	53.4%	51.5%	NA
Watch tv 3+ hours/day	21.6%	26.9%	28.0%	23.0%	23.1%	71.3%*
Computer time 3+ hours/day	23.5%	25.1%*	20.8%	17.3%	19.2%	35.5%*
Less than 5 fruits & vegetables/day	91.4%*	NA	NA	NA	80.9%	84.6%

Source: COMPASS NOW 2012: Health Indicators Report: Youth Risk Behavior Data

\* indicates areas of concern

**Important note:** Wisconsin and Minnesota administer different surveys to their high school students. Students in grades 6, 9 and 12 from Houston County complete the Minnesota Student Survey every three years. For Table 9, an average rate for those 9<sup>th</sup> and 12<sup>th</sup> grade students was determined. Not all indicators were comparable to the YRBS. County averages for many of the Wisconsin counties have not been available until this year, so trending of data is not possible. Not all questions are asked at every school or reported in the county summaries.

About 12 to 15% of youth in our area report that they considered a **suicide** attempt in the past twelve months. Females are more likely to report this than males. Students reporting they feel less connected to their school are also more likely to report considering suicide. These students are more likely to use alcohol and drugs as well.

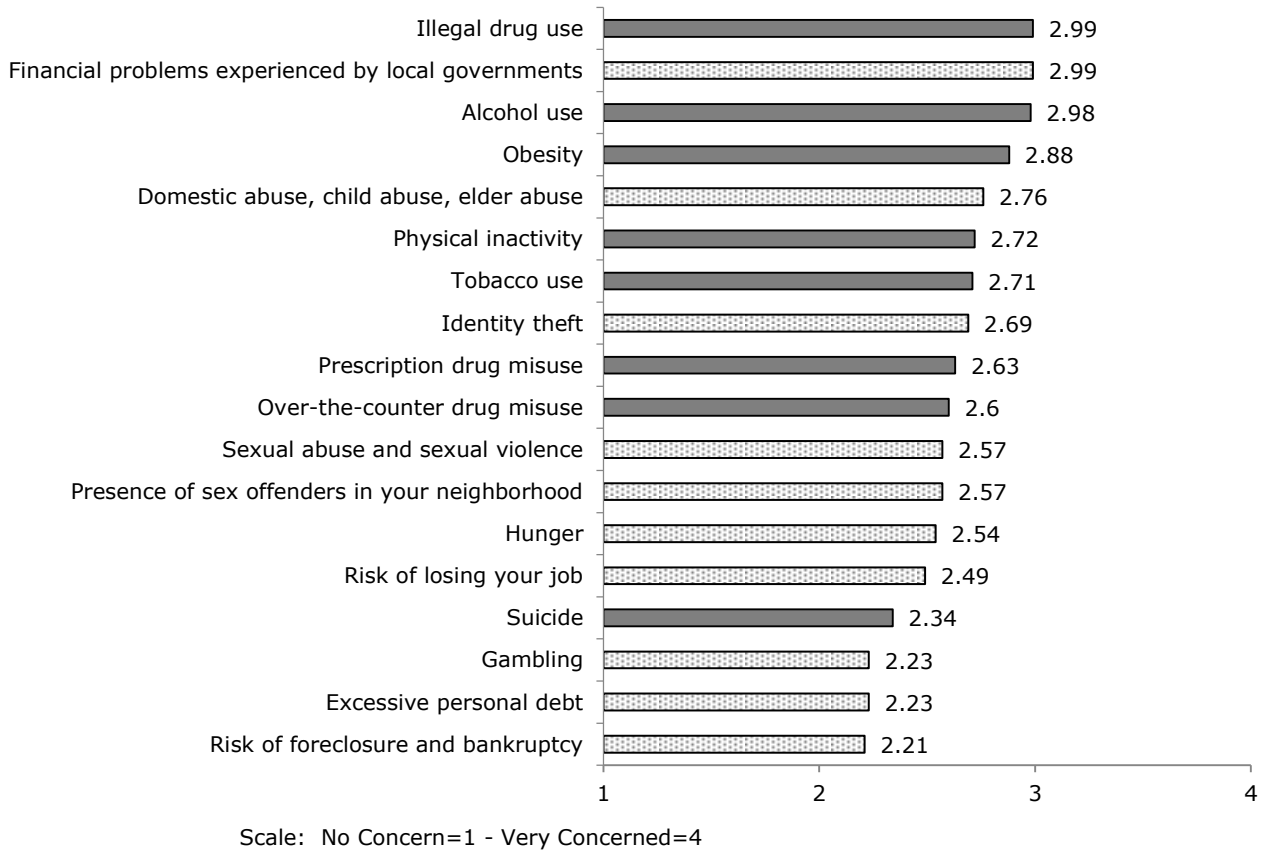
As is seen with adults, **obesity** is increasing at an alarming rate in our nation. Based on self-reported height and weight, about 10% of youth in the Great Rivers Region are obese. National studies estimate this rate to be higher in the United States. The CDC estimates the national level of childhood obesity to be about 20%. Survey results in the Great Rivers Region indicate a low number of youth getting sufficient exercise, a high number reporting excess screen time (television and computer use), and a high number of youth consuming insufficient amounts of fruits and vegetables.

#### **How concerned are we about these health risks?**

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In the COMPASS NOW 2012 random household survey, residents were asked to rate a series of eighteen concerns in the community. These results are shown in **Figure 4**. Illegal drug use, alcohol use, obesity, physical inactivity, and tobacco use were all rated in the top half of concerns. A comparison of issues by county is also shown in **Table 10**. There was a consistent agreement that illegal drug use, alcohol use, and obesity are a major concern among residents in all 5 of our counties. It is interesting to note that suicide was consistently ranked as a low concern in each county.

**Figure 4: Rating of Community Health Concerns**



Source: COMPASS NOW 2012 Random Household Survey

**Table 10: Ranking of Health Concerns by County out of 18 topics**

Concern	All counties	La Crosse	Monroe	Tremp.	Vernon	Houston
Illegal drug use	1	2	1	2	3	1
Alcohol use	3	3	2	3	1	2
Obesity	4	4	3	1	2	4
Physical inactivity	6	6	10	5	5	6
Tobacco use	7	8	5	7	6	5
Prescription drug misuse	9	9	6	10	10	10
Over-the-counter drug misuse	10	10	7	12	11	11
Suicide	15	15	15	15	16	15

Source: COMPASS NOW 2012 Random Household Survey

**In their own words**

“We need to look at this problem as an all community problem; not just a problem of those on the fringes. It is easy to pass the blame. Alcohol is promoted too much. Look at all the billboards. There is still a lot of marketing to young people.”

[Alcohol use] “It’s an expense. Wisconsin is the worst state in terms of binge drinking and La Crosse is the worst county in the state. It affects our courts, jail, and mental health care. It takes a huge toll on our community.”

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These topics were addressed at key stakeholder and focus group meetings in all 5 of our counties. The majority of focus group participants agreed that a problem of alcohol abuse exists. Several participants felt that the “culture of alcohol” contributed to the problem and perceived that La Crosse was unique in its concentration of bars, in its pervasive alcohol consumption, and in how inexpensive alcohol is locally. Many participants, including youth, also mentioned an increase in the availability of illegal drugs such as crack, heroin, cocaine, and marijuana. Focus groups in Houston County were also asked for their comments regarding bullying and cyber-bullying. The youth in that community agreed that bullying is a growing dilemma and that cyber-bullying is an escalating occurrence at school.

**Summary:** Excess alcohol use and obesity, while high in Monroe and Trempealeau counties, is especially high for all adults in the Great Rivers Region and for adults in Wisconsin. This issue has a significant impact on chronic diseases and motor vehicle crashes in our region. The behaviors of our youth are also shown to mirror that of our adults. However, our youth’s overall health habits are better than the state averages. Tobacco use is greater in Monroe County; whereas risky alcohol use is higher in Vernon and Houston counties. Marijuana and ecstasy use is high in La Crosse County. Physical activity and proper diets are generally poor throughout the majority of the Great Rivers Region. Bullying and cyber bullying is escalating on a local and national level and should be monitored in all of our schools.

**What are we doing to manage our health?**

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**Quality of health care**

Many national and regional organizations measure the quality of our health care. Minnesota and Wisconsin have consistently ranked very high in most of these measurements. According to the Agency for Healthcare Research and Quality (AHRQ), Minnesota ranked second nationally while Wisconsin ranked seventh in 2010.<sup>13</sup> Wisconsin scored better than the average on 49 measures such as vaccinating children and limiting avoidable hospitalizations for hypertension and chronic obstructive pulmonary disease. But Wisconsin also scored below average on 27 measurements. Two of these measurements were adequate dialysis and preventing infections in the hospital.

Within the state of Wisconsin, nineteen of the largest health systems have partnered to create the Wisconsin Collaborative for Healthcare Quality (WCHQ).<sup>14</sup> Founded in 2003, the collaborative began developing, sharing, and publishing measures of clinical quality that were critical to overall healthcare improvement. The participants stated, “We see performance measurement and public reporting as

vital and dual mechanisms for promoting greater transparency, improvement, efficiency, and equity within health care."<sup>14</sup> Sharing health system level results and learning from each other has had a significant impact on overall health care quality. Gundersen Lutheran Health System and Mayo Clinic Health System are the two primary healthcare providers within the Great Rivers Region that participate in this collaborative. Both organizations provide data on all of their hospital and clinic encounters.

Quality of health care is one of the measures included in the "2011 County Health Rankings Report." The clinical care measures include 5 specific measurements within two dimensions; access to care (uninsured adults and number of primary care providers per population) and quality of care (preventable hospital stays, diabetic screening, and mammography screening based on data from 2006 and 2007). By these measures, La Crosse County ranked first in Wisconsin and Houston County ranked eighth in Minnesota (see **Table 11**). La Crosse and Houston counties have the lowest rate of preventable hospital stays of the 5 counties. Vernon County scored the lowest on the clinical care measurement and on diabetic and mammography screening and the highest on preventable hospital stays. These measures are not available for non-Medicare patients.

**Table 11: 2011 County Health Rankings - Quality of Clinical Care**

	<b>La Crosse</b>	<b>Monroe</b>	<b>Tremp.</b>	<b>Vernon</b>	<b>Houston</b>
Clinical Care <sup>1</sup>	1	31	38	65*	8
<b>Measures of Quality of Care</b>					
Preventable hospital stays (rate per 1,000 Medicare enrollees)	42	68	65	73*	29
Diabetic screening (% of diabetic Medicare enrollees screened)	92%	94%	96%	82%*	89%
Mammography screening (% of female Medicare enrollees screened)	75%	69%	76%	50%*	80%

Source: County Health Rankings, Mobilizing Action Toward Community Health. <http://www.countyhealthrankings.org/>

\* indicates areas of concern

<sup>1</sup>Wisconsin counties' rankings are out of 72 counties, Minnesota's are out of 85 counties.



**Access to health care**

Two measures of access are included in the County Health Rankings report and are available for counties in the Great Rivers Region (see **Table 12**). These measures are the rate of uninsured adults (based on 2007 data) and the number of people per primary care providers (based on 2008 data). La Crosse County scored the highest on both of these measures. Trempealeau and Houston counties scored the lowest on these measures. Also shown are the uninsured rates for children and adults from 2009.

**Table 12: 2011 County Health Rankings - Access to Care**

	<b>La Crosse</b>	<b>Monroe</b>	<b>Tremp.</b>	<b>Vernon</b>	<b>Houston</b>
Clinical Care	1	31	38	65	8
<b>Measures of Access to Care</b>					
Primary care providers (ratio of population to providers)	415:1	886:1	1,258:1*	745:1	1,379:1*
Uninsured adults (18-64) 2009	11.3%	13.9%	13.2%	17.3%	10.6%
Uninsured children (0-18) 2009	3.7%	7.2%	7.1%	11.0%	7.0%

Source: County Health Rankings, Mobilizing Action Toward Community Health. <http://www.countyhealthrankings.org/> US Census Bureau. SAHIE//State and County by Demographic and Income Characteristics/2009  
 \*indicates areas of concern <sup>1</sup>Wisconsin counties' rankings are out of 72 counties, Minnesota's are out of 85 counties.

An interesting finding is that Houston County has the lowest ratio of population to primary care providers and yet their other health care quality measures are excellent and in general; their health risk profile is better than other counties. This does lead one to ask if these measures of access are relevant. In fact, access to health care is difficult to define and measure. The WCHQ hosted a pilot study asking patients about their experiences in scheduling appointments and receiving care when needed.<sup>14</sup> Three health systems in the state participated in this pilot study, and only Gundersen Lutheran from the region. In the Great Rivers Region, clinics in Viroqua, Onalaska and La Crosse participated. Overall, 75% of patients in Vernon County stated they were always able to make appointments and receive care when they needed it. In addition, 60 to 70% of patients in La Crosse County indicated the same ability. The state average for this pilot study was 64%.

Access to dental care is also difficult to measure. Several areas within the Great Rivers Region are designated to be Federal Health

Professional Shortage areas for dental care. This indicates a shortage of dentists providing care to low income populations. These areas include Vernon, Monroe, and parts of Trempealeau County. In Wisconsin, comprehensive dental benefits are available to all children enrolled in the state Medicaid and BadgerCare Plus programs. Pregnant women and women 60 days postpartum also benefit from these programs. In 2009, 25% of Wisconsin Medicaid and BadgerCare Plus members received at least one form of dental service. **Table 13** shows the number of dentists certified to provide Medicaid services by county. This data also shows that only one-quarter of the eligible population is receiving these services. The reason for this low number may be that eligible residents are not seeking services or certified providers are not really accepting patients.

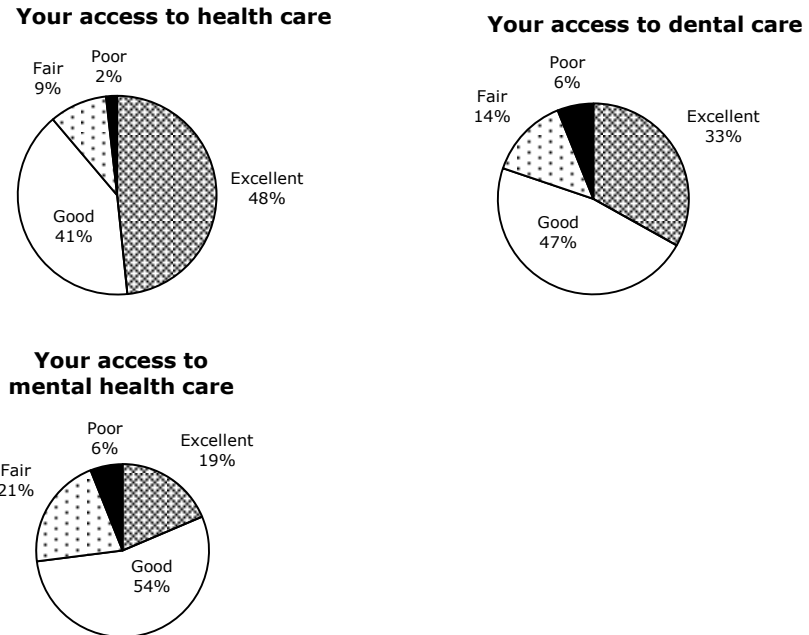
**Table 13: Dental Utilization for Medicaid and BadgerCare programs 2008**

County	Dentists certified to provide Medicaid/BadgerCare services	% of members obtaining services
La Crosse	67	25.7%
Monroe	18	25.9%
Trempealeau	9	27.6%
Vernon	5	27.6%
Houston	NA	NA

Source: DHS: State Forward Health, Data for Houston County was not available.

Participants completing the COMPASS NOW 2012 random household survey rated access to health care as one of the highest strengths, scoring a 3.36 on a scale from 1 to 4. Overall 89% of respondents rated their access to health care as excellent (48%) or good (41%). Access to dental care was also rated fairly high by participants in the household survey, with 80% rating it as excellent (33%) or good (47%). Access to mental health care was rated lower (mean of 2.85) and 73% of participants rating it as excellent (19%) or good (54%). Older adults rated their community higher on access to health care and dental care than younger adults. Respondents earning a higher income were also more likely to rate their access to health, dental, or mental care higher than those with a lower income (see **Figure 5**).

**Figure 5: Access to Health Care, Dental Care and Mental Health Care**



Source: COMPASS NOW 2012 Random Household Survey

Access to health care was also a topic discussed in many COMPASS NOW focus groups. These focus group participants emphasized a sense of pride and comfort in having highly rated healthcare facilities within the community. However, most participants realized that access to health care extends beyond the physical location of a hospital or clinic. The most common theme discussed throughout the entire region was the negative health effects of not having *proper* access to health care. Participants expressed concern and resentment that using the emergency room instead of making an appointment, coupled with preventable hospital visits, is contributing to higher health care costs for everyone.

The lack of dental coverage was also an important topic of discussion among focus groups throughout the region. The most common complaint related to dental care was the lack of dentists accepting Medicaid or Medical Assistance. The few dentists in the region that do accept Medicaid are completely overburdened and unable to meet the demand. This coupled with high costs leaves many in our community without access to routine cleanings and preventive dental care.

Another important health care issue discussed was mental health services. Many participants discussed the lack of mental health providers in the region. Participants familiar with homeless shelters,

the judicial system, county health departments, and hospitals commented on too few psychiatrists and increasing mental health cases. This has resulted in long waiting lists for services, overwhelmed caregivers, and an increase in emergency psychiatric detentions. Participants familiar with mental health issues explained the gap in mental health services for children pointing to a 4 week to 3 month waiting period for a psychiatric consultation. In addition, participants shared the concern that limits to insurance coverage (e.g. BadgerCare) have on mental health care. According to focus group participants, the limited reimbursement for psychiatric visits and lack of coverage for counseling services presents a barrier for those needing to access providers.

### **The cost of health care**

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Cost of health care has been the main topic of media stories and political campaigns on a national, state, and local level for the past decade. In 2008, U.S. health care spending was about \$7,681 per resident and accounted for 16.2% of the nation's Gross Domestic Product (GDP). The Kaiser Family Foundation cited four main drivers to the cost of health care:<sup>15</sup> 1) new medical technology and prescription drugs, 2) the dramatic increase in the rate of chronic disease and the stress it causes on the health care system. 3) the aging of the population, and 4) administrative costs.

Cost of health care and health insurance coverage are tightly connected, as one affects the other. In areas where health insurance coverage is low, or government reimbursement is low, overall costs of health care have been higher for private insurers to compensate. The rate of uninsured by county was shown in **Table 12**. Individuals without health insurance are not without health care needs. Nationally, it is approximated that one third of the medical costs for the uninsured are uncompensated.<sup>16</sup> These are costs incurred by health systems. In 2009, uncompensated care in the United States was estimated to be \$39.1 billion. Just 10 years before, the American Hospital Association reported uncompensated care at \$20.7 billion.<sup>17</sup> The Wisconsin Hospital Association (WHA) reported \$1.46 billion in uncompensated care from hospitals alone in 2010.<sup>18</sup> None of these numbers include Medicare underpayment costs, bad debt, or the cost of outpatient clinical care that is not reported to the WHA.

Estimates from the Census Bureau in 2011 found the percentage of U.S. residents without health insurance was statistically unchanged in 2010 (rising to 16.3% from 16.1%).<sup>19</sup> Approximately 49.9 million

### **In Focus**

Issues related to access to health care were discussed by residents who participated in COMPASS NOW Focus Groups. Common themes were

- Lack of access affects our community's health
- Limits to benefits and high costs
- Limited access to dental care
- Mental health issues are not adequately addressed
- Misuse of services
- Need for prevention

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people in 2010 were without any health insurance; up from 49 million in 2009. The numbers also show the percentage of residents with employment-based insurance coverage dropping in 2010 and those with coverage from the Medicare and Medicaid programs holding close to steady. The rate of those with private coverage fell in 2010 (64% from 64.5%), with those covered by employment-based insurance falling 0.8% (55.3% from 56.1%). Census Bureau data from 2010 indicates that 9.4% of Wisconsin and 9.8% of Minnesota residents were without any insurance<sup>20</sup> (see **Table 14**). Of residents without any coverage, 11.2% in Wisconsin and 14.7% in Minnesota were less than 18 years of age. See **Table 12** for county-specific rates of uninsured from 2009.

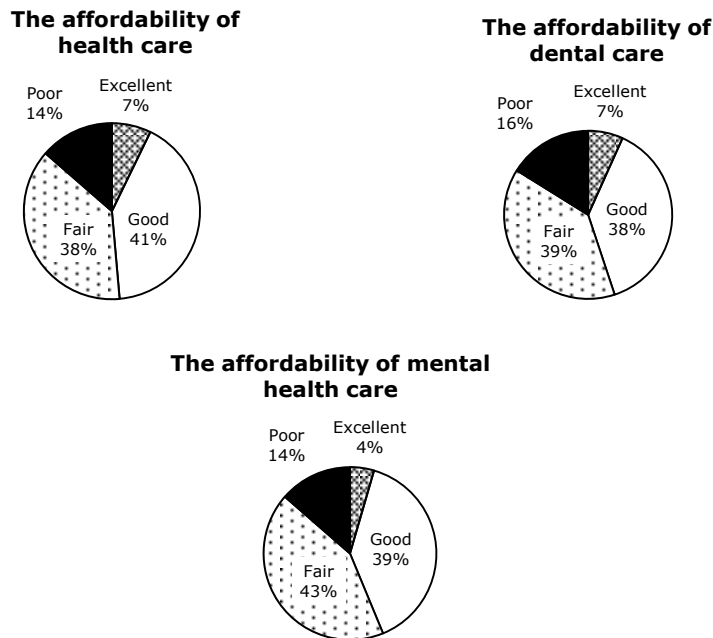
**Table 14: Health Insurance Coverage by State, 2010**

	<b>Wisconsin</b>	<b>Minnesota</b>
Not covered at any time	9.4%	9.8%
Private health insurance	74.3%	74.8%
Government health insurance	31.2%	29.2%
Covered by Medicaid	3.6%	14.3%
Covered by Medicare	16.6%	14.7%
Covered by military health care	3.1%	2.8%

Source: Health insurance coverage status by state for all people 2010. Available at: <http://www.census.gov/hhes/www/cpstables/032011/health/toc.htm>

Participants completing the COMPASS NOW 2012 random household survey rated the affordability of health care, dental care and mental health care the lowest of all the health items. Overall, 52% of respondents rated the affordability of health care as fair or poor; 55% rated the affordability of dental care as fair or poor, and 57% rated the affordability of mental health care as fair or poor (see **Figure 6**). Older adults rated the affordability of health care, dental care and mental health care better than younger adults. Respondents earning a higher income were also more likely to rate the affordability of dental care higher. However, there were no differences in opinions of affordability of health care or mental health care by income.

**Figure 6: The affordability of health care, dental care and mental health care**



Source: COMPASS NOW 2012 Random Household Survey

A lack of insurance can lead to avoidance of medical and preventive care when it is needed. In COMPASS NOW focus groups, participants passionately described their concern for those community members who are unable to afford prescriptions, forced to delay surgeries due to cost, or put off needed medical care. There was also a concern for those who suffer from the stress that a lack of health coverage can cause. Participants indicated that higher health care costs for individuals, regardless of their insurance coverage, often resulted in people avoiding health care.

**Summary:** Health care quality is excellent for the Great Rivers Region. Access to care is difficult to define for residents without considering affordability of care. Delaying or avoiding care will have a significant impact on the health of the people of the Great Rivers Region. These issues are complex and will require major and different solutions.

## Key Issues to Address

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Based on this COMPASS NOW Health Profile, results of the focus group and random household survey, and personal knowledge of the COMPASS NOW Leadership Team, the following 10 health issues were examined and scored to determine the issues of greatest concern:

- Alcohol Use
- Dental Care Access and Cost
- Health Care Access and Cost
- Illegal Drug Use
- Maternal and Child Health
- Mental Health
- Obesity
- Risky Sexual Behavior
- Tobacco Use
- Vaccine Preventable Illnesses

The COMPASS NOW Leadership Team determined the following four issues to be the key health issues facing the Great Rivers Region (in alphabetical order):

- Alcohol Use
- Health Care Access and Cost
- Mental Health Care Access and Cost
- Obesity

Issues that were determined to be emerging or areas to watch included:

- Dental Care Access and Cost
- Illegal Drug Use

It is important to note that some of the issues above were important to individual counties, but did not rise to the top when all ratings were examined.

### In their own words

"I know of a resident who was diagnosed with cervical cancer and is stuck with many medical bills. She has nothing to pay for the medical care. It's a huge problem."

"The [Lack of health care] it's destroying us. At 50 my wife and I have no insurance. We are starting from scratch; we both lost our jobs and were unemployed for two years. We went into bankruptcy and are now back in school. I have no idea how we would manage a significant health issue. Health insurance coverage is more than our monthly income."

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## An Economic Profile of the Great Rivers Region

### Introduction

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The purpose of this section of the COMPASS NOW Report is to give an overview of the economic profile of the Great Rivers Region and give context to the COMPASS NOW 2012 needs assessment. Several organizations and agencies including the Mississippi River Regional Planning Commission (MRRPC), the Office of Economic Advisors (Wisconsin Department of Workforce Development), the Minnesota Department of Employment and Economic Development (MNPro), the Center for Community and Economic Development of the University of Wisconsin-Extension, the University of Wisconsin-La Crosse, and the Seven Rivers Alliance offer a variety of detailed economic analyses on various issues affecting the region. This section is not meant to duplicate what is already available elsewhere; instead, its focus on the impact the economy has on our community.

### Population

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According to the 2010 United States Census, the five counties of the Great Rivers Region (La Crosse, Monroe, Trempealeau, Vernon, and Houston, Minnesota) have a **total population** of 236,927 people.<sup>1</sup> Fifty-three percent of the population is considered urban and 46% is considered rural.<sup>2</sup> Every county in the region is more rural than it is urban (except for La Crosse County which is only 17% rural). Trempealeau County is considered 100% rural and Vernon County is over 85% rural (see **Table 1**). These urban-rural classifications are important because of the impact to the region's planning, economic development, and delivery of services.

**Table 1: Population Distribution**

County	Rural	Urban
La Crosse	17%	83%
Monroe	42%	58%
Trempealeau	100%	0%
Vernon	86%	14%
WI State	27%	73%
Houston, MN	57%	43%
MN State	27%	73%

Source: <http://www.city-data.com>

Over the past decade the population of the Great Rivers Region grew by 6%. Most of the population growth in the region has been from natural population increase (a higher birth rate and lower death rate) rather than from migration into the region.<sup>3</sup> Houston County is the only county in the region that experienced negative population growth this past decade. This reduction is mostly attributed to declining birth rates and a steady death rate. However, the county also had some net outward migration. In the same time period, the population in the state of Wisconsin grew by 5.7% while Minnesota's population grew by 7.2%. **Table 2** shows the population changes for each county in the region over the past decade. Both population growth and decline have

economic, social, educational, and environmental implications on our communities.

**Table 2: Population Change 2000-2010**

County	2000 Census	2010 Census	% Change
La Crosse	107,120	114,638	6.6%
Monroe	40,899	44,673	8.4%
Trempealeau	27,010	28,816	6.3%
Vernon	28,056	29,773	5.8%
Houston, MN	19,718	19,027	-3.6%
Region Total	222,803	236,927	6.0%
WI State	5,363,675	5,686,986	5.7%
MN State	4,919,479	5,303,925	7.2%
US	281,421,906	308,745,538	8.8%

Source: US Census Bureau, <http://www.census.gov>

**In Focus**

Issues facing older adults were discussed by residents who participated in COMPASS NOW Focus Groups. The areas of greatest concern were: transportation, housing, support services, and rehabilitation services.

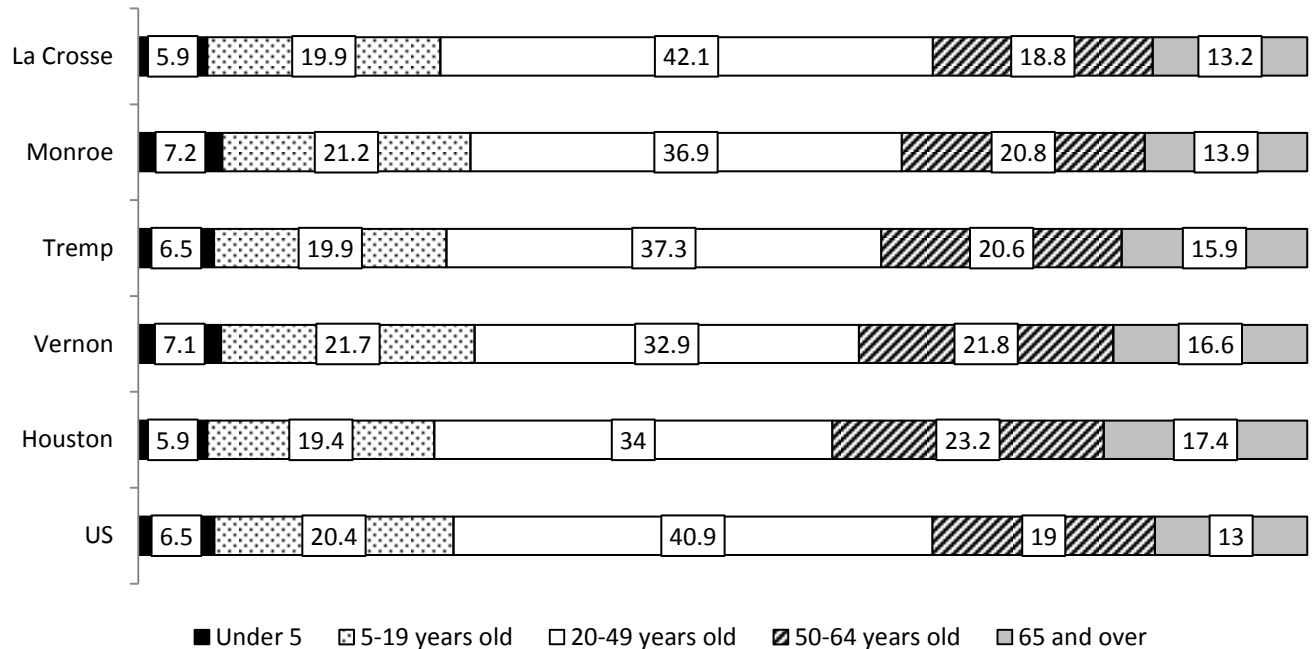
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According to the US Census, the **median age** of the region in 2000 was 37.3 years. In 2010, the median age of the Great Rivers Region was up nearly three years to 40.1, which is higher than the State and National averages (WI= 38.5 years, MN = 37.4 years, US =37.2 years). La Crosse County, influenced by the presence of four post-secondary institutions, has the youngest median age at 35.2 years. However, the overall increase in median age indicates that the population in our region is growing older. This also has important implications for our communities.

To get a better sense of the **age distribution** in each county, we can compare age groups according to recent US Census data. **Figure 1** shows the age distribution for each county and highlights that Monroe and Vernon counties have the largest percentages of children under five, and the highest percentage of residents under the age of 19; 28.4 and 28.8 years respectively. This large segment of the population is dependent on investments that will help make them productive members of our community; namely, education, adequate childcare, and a nurturing family life. The other three counties have an under five year old population at or below 6.5% with 25% of their county population under the age of 19. This is slightly lower than the national average of 26.9%.

Towards the other end of the age scale, the 50-64 age group represents the Baby Boomers in our region. With exception of La Crosse County, the Great Rivers Region has a larger percentage of residents in this age group than the national average. Houston County has the highest percentage of residents both in the 50-64 year and 65 years plus categories. This data accounts for the increase in the median age and draws attention to the challenges and opportunities of

**Figure 1: Percentage of the Population by Age Group**



Source: 2010 US Census, Demographic Data Profiles

aging communities. It is important to keep in mind that in 2018, the first wave of Baby Boomers will turn 75 years old. Low maintenance housing, public transportation, and efficient healthcare are just some of the needs that aging communities are facing and will continue to face as large segments of the population grow older. Despite these increasing challenges, the positive contribution of older adults on our communities should not be overlooked. Older populations can provide rich intergenerational learning opportunities and a source of community volunteers and community action.

The racial make-up of the Great Rivers Region is predominately white with the largest ancestry groups in the region being German, Norwegian, and Irish.<sup>4</sup> The two largest ethnic populations are Hispanic/Latino and Asian. According to the 2010 US Census, 5.8% of the population of Trempealeau County is Latino (up from only .9% a decade ago). The Hmong population increased by nearly 1,000 citizens in La Crosse County making 4.1% of the total population of Hmong descent.

**Summary:** Overall the population in the Great Rivers Region is aging. Communities need to understand and prepare for the needs of an aging population while continuing to invest in the future of our youth.

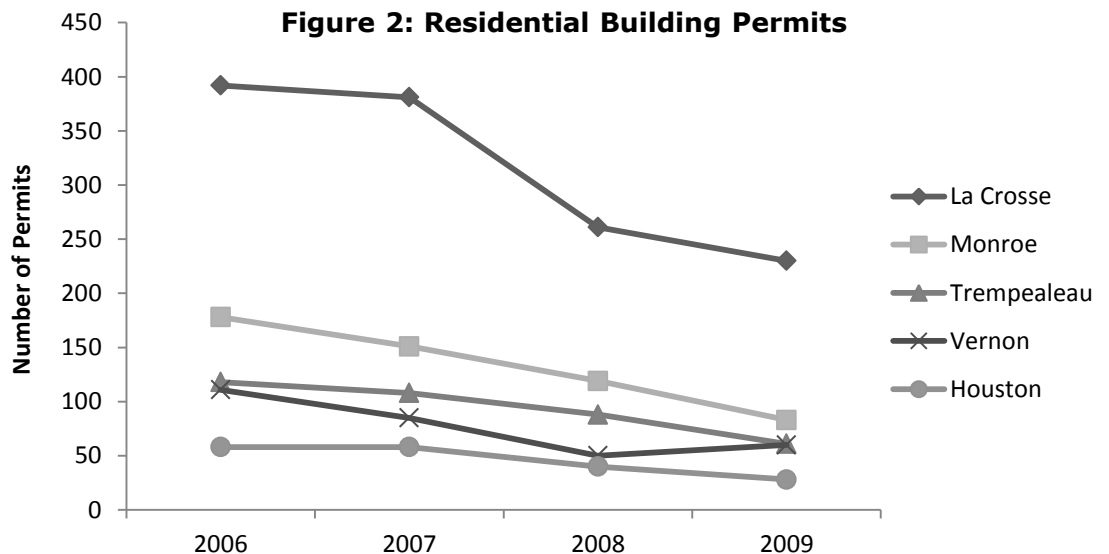
**In their own words**

“People are unable to pay bills. There are limited options in affordable housing. If you don’t have a place to live it is really challenging to try to keep a job and forget trying to get a job without an address.”

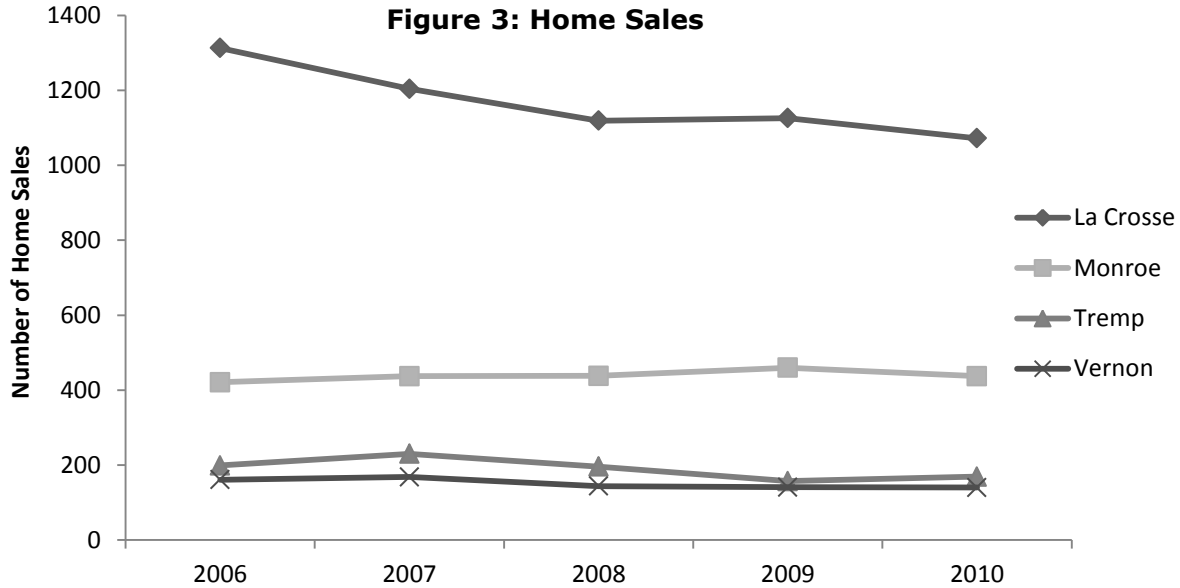
COMPASS NOW  
Focus Group Report

**Housing**

The majority of residents in the Great Rivers Region own their home. La Crosse County has the highest percentage of renter occupied units and Houston County has the least number of renters. According to housing statistics collected by the Wisconsin Realtor Association, the trend in existing home sales across the state has been in decline over the past four years with some rebound in 2009. This is attributed to the federal tax-credit for first time home buyers and historically low interest rates.<sup>5</sup> The data for the Great Rivers Region mirrors overall state trends; although the decline in existing home sales and median home values has been less severe than in other areas of the state and country. Data from the Wisconsin Builders Association similarly shows a regional decline in new home construction and sales over the past four years (see **Figure 2 and 3**).



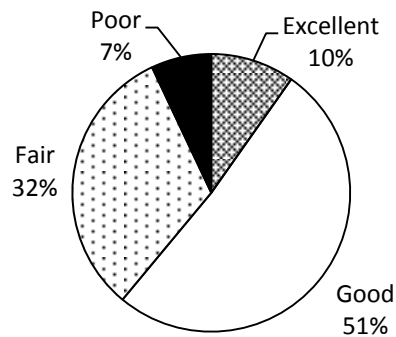
Source: US Census Bureau: Business Quick Links/Building Permits.  
<http://www.census.gov>



Source: Figures provided by MLS sales of existing homes and condos. <http://www.wra.org>, Houston County data not available

Housing is generally considered affordable if the total cost including rent or mortgage, property taxes, insurances and utilities does not exceed 30% of the household income. According to the COMPASS NOW 2012 random household survey, the majority of residents gave a favorable rating (good or excellent) with regards to the availability of affordable, quality housing in their community (see **Figure 4**). These results, however, are in stark contrast to comments made by participants in COMPASS NOW focus groups who expressed concern about a variety of issues related to housing and its affordability. In addition, recently released US Census data show that between 21-30% of the population in the Great Rivers Region spend more than 35% of their income on housing.<sup>6</sup>

**Figure 4: Rating of the availability of affordable, quality housing in your community**



Source: COMPASS NOW 2012 Random Household Survey

The age of a community’s **housing stock** is an indicator of the type and quality of its housing. Older homes can contribute to the preservation of community history; but, can also be difficult to maintain. Older homes can be laden with lead paint, asbestos, and have faulty electrical systems that are costly to upgrade. Older, depreciated homes can also negatively affect the mill rates used to calculate property taxes. **Table 3** shows that almost half of all housing units in the region were built prior to 1970. This signals an aging housing stock throughout the region that may be in disrepair.

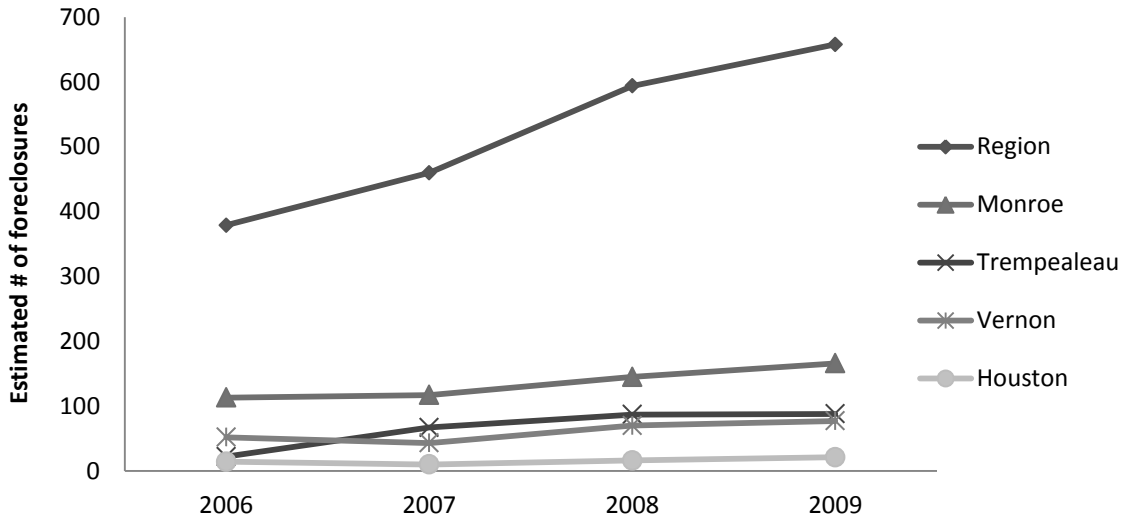
**Table 3: Housing Stock**

<b>County</b>	<b>Total # of Housing units</b>	<b>Units built prior 1970</b>	<b>% of Homes Pre-1970</b>
La Crosse	47,031	21,570	46%
Monroe	18,878	8,700	46%
Trempealeau	12,564	6,627	53%
Vernon	13,651	7,413	54%
Houston	8,645	4,545	53%
Regional Total	100,769	48,855	48%

Source: US Census Bureau, Selected Housing Characteristics, 2005-2009

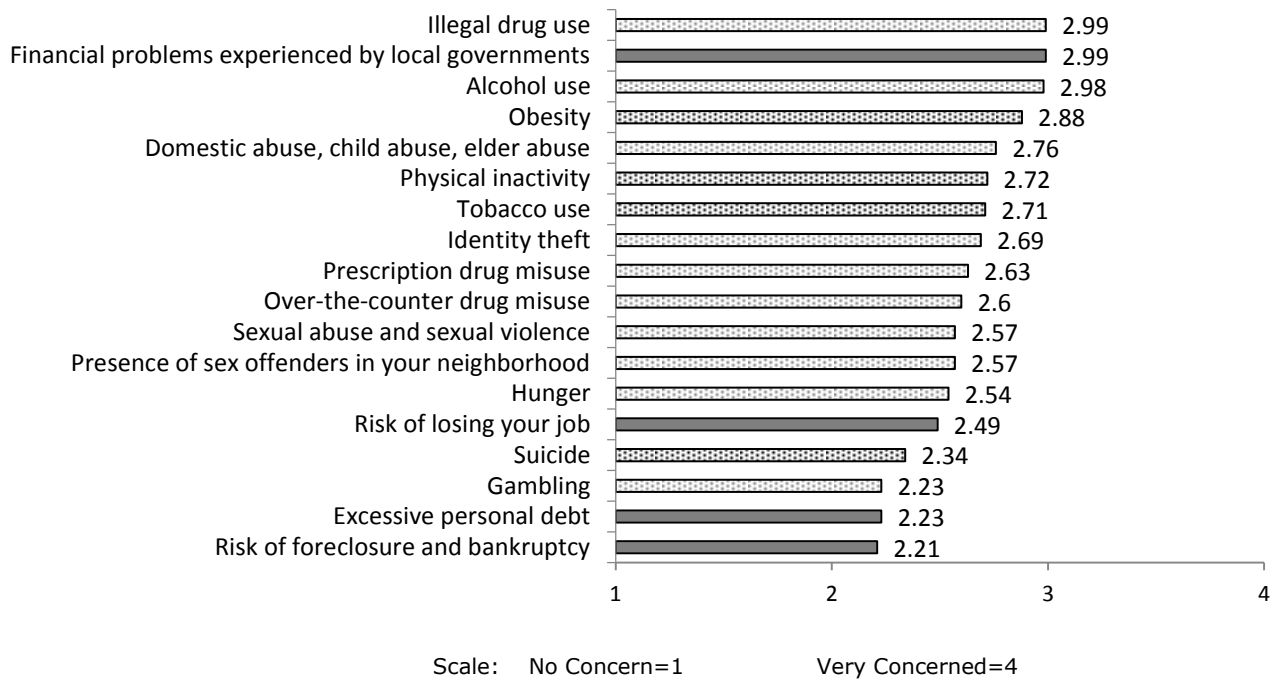
The housing crisis of the last decade has had a detrimental effect on many residents in our region. More residents faced **foreclosure** than any other time in history. Risky subprime mortgages, adjustable rate mortgages, increasing personal debt, unemployment, and underemployment all contribute to more people falling behind on their mortgage payments; which leads to foreclosure. The financial ruin of a foreclosure can have a devastating effect on a family and can even lead to homelessness. **Figure 5** shows a dramatic 150% increase in foreclosures in the region since 2005. Trempealeau County had the greatest increase in the number of foreclosures in this time period. Thirty-five percent of the respondents to the random COMPASS NOW household survey expressed significant concern regarding the risk of foreclosure and bankruptcy in their community.<sup>7</sup> However, in comparison to other issues, the level of concern regarding the risk of foreclosure and bankruptcy was the lowest. (see **Figure 6**).

**Figure 5: Regional Foreclosures**



Source: Data taken from Estimated Foreclosure Cases by Census Tract 2000-2009, UW Extension, Center for Community and Economic Development. <http://www.uwex.edu/ces/cced/ForeclosureCaseDatabyCensusTract-2000to2009.cfm>

**Figure 6: Rating of Community Economic Concerns**



Source: COMPASS NOW 2012 Random Household Survey



**Table 4** shows how survey respondents ranked the five economic issues asked in the COMPASS NOW household survey by county. It is interesting to note that survey respondents expressed a higher level of concern regarding the financial problems experienced by local governments with an overall ranking in the top quarter but the concern regarding their own personal debt issues and the risk of losing employment ranked in the bottom quarter.

During focus group discussions participants identified the lack of **financial literacy** and **life skills** including decision-making skills, employability, and career planning skills were all identified as sorely lacking in both youth and adults in our communities.

**Table 4: Ranking of Economic Concerns by County out of 18 topics.**

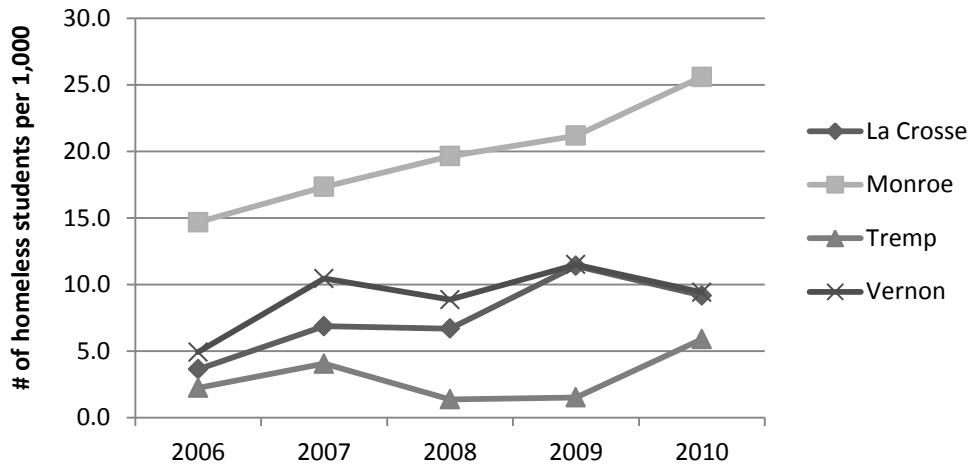
Concern	All Counties	La Crosse	Monroe	Tremp	Vernon	Houston
Financial problems experienced by local governments	2	1	4	2	4	3
Risk of losing your job	14	14	16	13	13	13
Hunger	13	12	13	14	14	14
Excessive personal debt	17	16	17	15	15	16
Risk of foreclosure and bankruptcy	18	17	18	17	17	17

Source: COMPASS NOW 2012 Random Household Survey

**Homelessness** in our community remains largely hidden. It is difficult to accurately count the number of people who are homeless in our communities since many in hardship may rely on families and friends for temporary shelter and assistance. The Wisconsin Department of Public Instruction and the Minnesota Department of Education collects data from each school district on the number of students attending school who are homeless. During this past school year, Monroe County school districts had the highest number of homeless students with a total of 179. La Crosse school districts reported 147 homeless students in the same year. **Figure 7** shows a steady rate of homeless students with the highest rate of homeless students in Monroe County.

Couleecap, a non-profit agency working on a wide range of issues facing low-income individuals conducts a point in time survey twice a year (summer and winter) to get a snapshot of the number of people living in emergency shelters, transitional housing, and on the streets in our communities. (Note: The service area for Couleecap does not include Trempealeau or Houston counties.) In July 2010 and 2011, the number of homeless people counted in La Crosse, Monroe, and Vernon counties in one night was nearly 400.<sup>8</sup>

**Figure 7: Homeless Student Enrollment**



Source: Wisconsin Department of Public Instruction, <http://dpi.wi.gov/>

**Summary:** Although the Great Rivers Region has been less severely affected by the housing crisis, many in our community struggle to find quality affordable housing and stay out of foreclosure. Local shelters and schools are seeing more families with young children becoming homeless. Communities need to take into account the economic and health impact of older housing stock and explore viable development solutions.

**In Focus**

Issues related to housing were discussed by residents who participated in COMPASS NOW Focus Groups. Areas of greatest concern were foreclosures, evictions, high number of houses for sale, and the lack of affordable housing. Participants emphasized an increase in homelessness locally, even commenting about an increased number of people and families living in cars.

COMPASS NOW  
Focus Group Report

**Industry and employment**

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The Bureau of Economic Analysis (BEA) of the US Department of Commerce present economic accounts in order to enable the government, business leaders, researchers, and the general public to better understand the US economy. The BEA produces detailed data tables on economic activity by region, state, metropolitan area, BEA economic area, and county. According to BEA earnings data tables, the top three economic sectors of the Great Rivers Region are government, healthcare and manufacturing.<sup>9</sup> These sectors also provide the majority of employment for the region. In the past few years however, the region has seen considerable job loss in the manufacturing sector while the region has increased employment and earnings in the public sector and healthcare industry in almost every county.<sup>10</sup>

**Table 5: Top earnings by Industry in Great Rivers Region (based on 2009 reported earnings)**

1. Government
2. Healthcare
3. Manufacturing
4. Retail
5. Transportation and warehousing
6. Finance and Insurance
7. Wholesale Trade
8. Construction
9. Other Services excluding Public Administration
10. Management of companies and enterprises

Source: Rankings are based on data estimates of the North American Industry Classification System (NAICS), Bureau of Economic Analysis [www.bea.gov](http://www.bea.gov)

**Table 5** shows the top ten economic sectors according to reported earnings in 2009 and **Table 6** lists the top employers based on the number of employees for each county in the region based on 2009 and 2010 data. Although not listed, the agricultural industry remains a vital part of the local economy; particularly in relation to the large number of people it employs. Dairy farming, grain, meat, and poultry production are all important facets of the region’s agricultural industry. Tourism is also very important to the local economy and contributes significantly to employment and tax revenue. Tourism dollars spent in the region provide jobs and support local businesses.

The recent economic downturn affected employment in every county of the region. Key stakeholders throughout the region identified unemployment and the economy as the most challenging issue facing the region.<sup>11</sup> Focus group participants also commented on the health effects of unemployment and poor wages; stating that our community was increasingly unhealthy as people were no longer able to afford

healthy food, had to either choose between food and medications, or put off medical care.<sup>12</sup>

**Unemployment** rates measure the population that is unemployed, available for work, and actively seeking work over a four week period. In the Great Rivers Region unemployment increased nearly three percentage points throughout the region reaching its highest level in 2009 for all counties. The greatest increase in unemployment was experienced in Monroe County with a jump from 4.6 to 7.8% in 2009. During the same period, unemployment rose from 4.9 to 8.7% in Wisconsin and from 5.8 to 9.3% nationally.<sup>13</sup> **Figure 8** shows the sharp rise in unemployment suffered in 2008 and shows how far off the regional unemployment rate remains from the low levels of 2006. In 2010, unemployment rates remained over 7% in every county except La Crosse. Although the 2010 unemployment rate shows a slight decline over 2009 unemployment rates, the economic reality for many residents is very challenging and remains a high concern in the community.

**Table 6: Top Employers in the Great Rivers Region**

**La Crosse County**

1. Gundersen Lutheran Medical Center
2. Mayo Clinic Health System
3. Trane Company
4. Kwik Trip
5. County of La Crosse

**Monroe County**

1. Fort Mc Coy
2. Walmart
3. Tomah VA Medical Center
4. Tomah Public Schools
5. Toro Mfg. LLC

**Trempealeau County**

1. Ashley Furniture Industries
2. County of Trempealeau
3. JFC Inc.
4. G-E-T Schools
5. Ashley Distribution Services

**Vernon County**

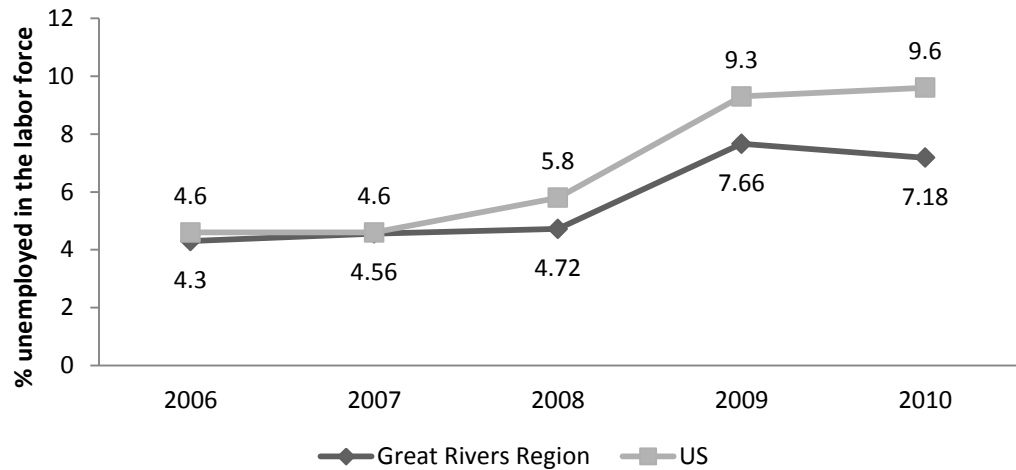
1. Vernon Memorial Healthcare
2. CROPP
3. Viroqua Area Schools
4. Bethel Home and Services, Inc.
5. Westby Area School District

**Houston County**

1. ABLE, Inc.
2. Houston County
3. Caledonia Public Schools
4. Caledonia Haulers
5. Caledonia Care and Rehab

Source: WI Office of Economic Advisors, Department of Workforce Development, June 2010. Minnesota Department of Employment and Economic Development, Maxfield Research, January 2009.

**Figure 8: Average Annual Unemployment**



Source: Wisconsin’s WORKnet, [www.worknet.wisconsin.gov](http://www.worknet.wisconsin.gov), Department of Employment and Economic Development, [www.positivelyminnesota.com](http://www.positivelyminnesota.com)

In the COMPASS NOW random household survey, a majority of respondents rated their community’s efforts to plan for a strong economic future either fair or poor.<sup>14</sup> When discussing employment and the economy during COMPASS NOW focus group discussions, participants called for local investment both on a personal level (by buying local and promoting local businesses) and at the county level as an essential economic development strategy. Many participants mentioned using tax incentives to attract businesses to the area and also discussed the importance of creating a disincentive for companies to leave our area.<sup>15</sup>

**Summary:** Although the Great Rivers Region may be faring better through this recession than some parts of the country, residents are still very concerned about the state of the local economy. Several indicators show the limits of the economic development of the Great Rivers Region such as job losses in the manufacturing sector, unemployment rates, foreclosures, and an aging housing stock.

## Household Income

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Household income makes up a communities economic well-being. **Household income** is affected by employment, job loss, wage freezes, wage cuts, cuts to benefits, rising prices for goods and services, and inflation. The median household income is a common indicator used to describe a population. The median income amount divides income distribution into two equal groups, half of the population having income above the median income and half the population having income below that amount.<sup>16</sup> Comparing median household incomes as opposed to average household income is generally considered more accurate as median household income figures are less affected by outliers on both the high and low end of the wage scale. The median household income for the Great Rivers Region has been consistently lower than the median household income at the state and national level. Vernon County has the lowest median household income in the region (see **Table 7**).

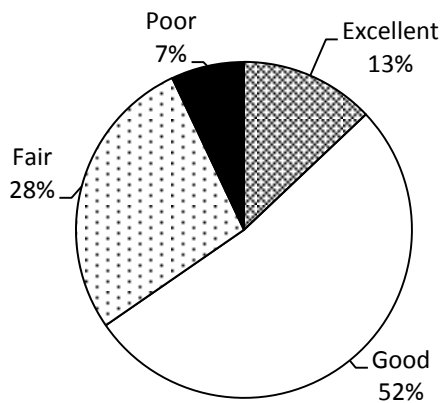
In the COMPASS NOW random household survey, respondents were asked to rate their ability to meet their family's basic needs for food, housing, and clothing. While two-thirds of survey respondents gave a favorable (good or excellent) response to this question, one-third responded that their ability to meet the basic needs of food, housing, and clothing was either fair or poor (see **Figure 9**) signaling a lack of **wage adequacy** in our community. Wage adequacy refers to the degree a given wage is adequate to meet the basic needs of an individual or family.<sup>17</sup> Respondents also gave a less than favorable rating when asked about the availability of jobs that offer a good standard of living in their community. Seventy-five percent of all survey respondents rated the availability of jobs that offer a good standard of living in their community as either fair or poor (see **Figure 10**). Residents of Vernon County rated the availability of jobs in their area the lowest of all counties.<sup>18</sup>

**Table 7:  
Median Household Income**

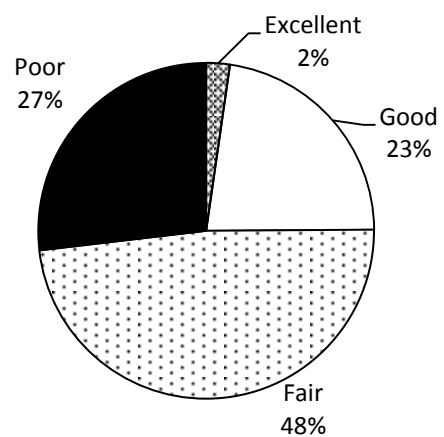
<b>County/State</b>	<b>1999</b>	<b>2009</b>
La Crosse	39,472	49,505
Monroe	37,170	49,473
Trempealeau	37,889	44,997
Vernon	33,178	40,644
Houston	40,680	49,269
Regional Avg.	37,678	46,778
Wisconsin	43,791	49,994
Minnesota	47,111	55,621
United States	41,994	50,221

Source: US Census Bureau

**Figure 9: Rating of ability to meet basic needs for food, housing, and clothing**



**Figure 10: Rating of availability of jobs with wages that offer a good standard of living**

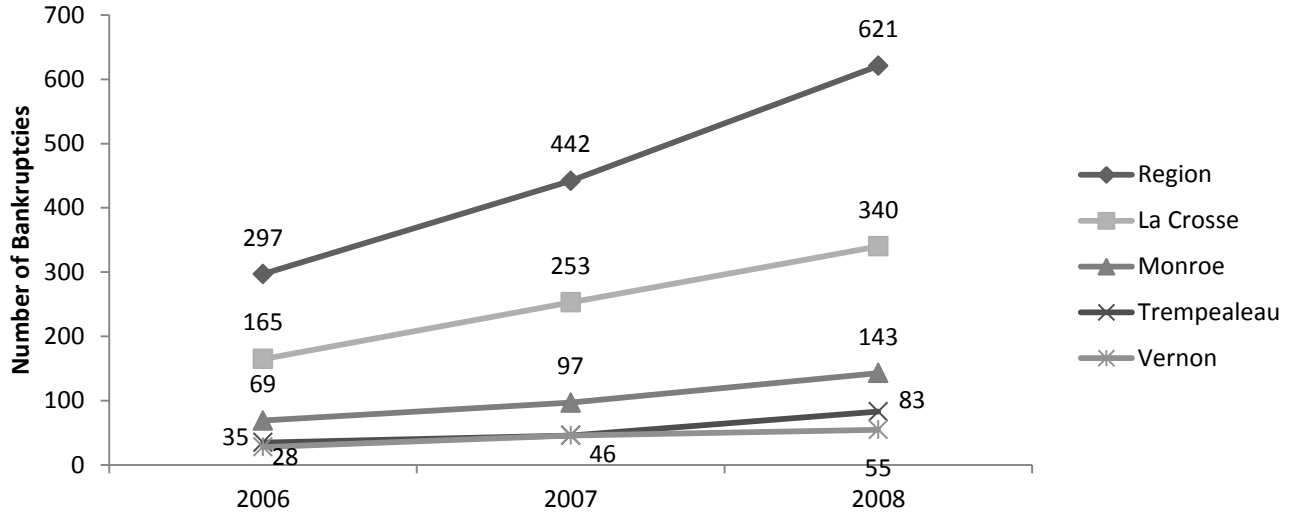


Source: COMPASS NOW 2012 Random Household Survey

During the focus groups discussions, participants in all counties described the challenges of a limited job market and low wages. Comments about the minimum wage not being a living wage were often heard. Participants described many in their community as living pay check to pay check. Participants also expressed that people had to work jobs they were overqualified for. This situation was due to the limited choices of employment and the difficulty of finding jobs with benefits.<sup>19</sup> These issues appear to shed light on a declining standard of living for many residents in the Great Rivers Region.

The number of **bankruptcies** is also a measure of the economic health of a community. Job loss, increased medical bills, and costs associated with divorce and separation are the primary reasons that people file for bankruptcy.<sup>20</sup> The number of bankruptcies filed over the past five years has surged across the country with the Great Rivers Region showing the same trend. According to data compiled by the University of Wisconsin-Whitewater (2006 to 2008) the number of bankruptcies spiked in every county; with Trempealeau County seeing the largest percentage increase (see **Figure 11**).

**Figure 11 : Individual and Business Bankruptcies**



Source: Fiscal and Economic Research Center, UW Whitewater and the Center for Community and Economic Development, UW Extension. Nov. 2009. Houston County data not available.

**Summary:** A lower income level for residents in the Great Rivers Region reduces the standard of living and the quality of life for our residents. Many in our community are struggling to make ends meet.

**In Focus**

During community focus group discussions participants expressed their concerns with regard to unemployment and the state of the economy in their community. Some common themes that were highlighted throughout the region were:

- The poor economy is having a detrimental effect on our communities health
- Area jobs need to pay better wages
- There is a need to find balance between business and community needs
- The rising cost of basic needs is a great burden on families and the elderly
- The local job market is not able to compete with larger metro areas that pay higher wages causing brain drain
- The difficult economy is creating a higher demand for social services
- Our region has fared better than other parts of the country

COMPASS NOW Focus Group Report



## Poverty in our Region

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**Poverty** is a complex concept not only to define; but more importantly, to pinpoint its root causes. Indicators, such as the poverty rate and enrollment in government entitlement programs, are commonly used measures of poverty. However these indicators fall short in describing what poverty is. Author David Shipler defined poverty as, "A constellation of difficulties that magnify one another: not just low wages but also low education, not just dead end jobs but also limited abilities, not just insufficient savings but also unwise spending, not just poor housing but also poor parenting, not just the lack of health insurance but also the lack of healthy households."<sup>21</sup> Poverty affects the physical and mental health of our community, it affects our children's ability to learn, and limits members of our community from participating fully in society and reaching their full potential. As a growing problem in our communities, poverty is affecting the residents of the Great Rivers Region in very profound ways. Living in poverty can have different consequences and meanings. To an individual, poverty can mean: lacking hope and feeling powerless, being isolated from family and friends, lacking information about services available, living in an unsafe neighborhood, living in a place with poor environmental conditions, not being able to buy healthy food or new clothing, being unable to afford medicines or visit the dentist, living from pay check to pay check with no savings for an emergency such as losing a job or falling ill.

### In their own words

"The cost of living is increasing for everyone. I worry about the elderly and others on a limited income."

"There are many jobs that pay about \$7/hour and, after allowing for the basics, there's not much to live on."

"At this point we are forced to choose which bills to pay."

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The traditional US standard for measuring poverty is the **poverty threshold** set by the US Census. Although this measure has been used for more than 40 years, it is widely recognized as being flawed because of its outdated assumptions about family expenses and the inaccurate count of family income.<sup>22</sup> Based solely on food costs, the poverty threshold does not take into account other real costs families have today including such needs as childcare, healthcare, and transportation. The federal poverty line set by the Department of Health and Human Services for a family of four in 2011 is \$22,350. Thus a family of four that earns below that amount is considered "living in poverty."<sup>23</sup> This guideline, however, grossly underestimates how much it truly costs to raise a family. A family of four making \$1, \$100, or \$1000 over this official poverty line is just as poor and unable to afford a healthy living. With the basic costs of gasoline, electricity, and heating growing significantly over the past few years, it is not surprising that more and more families are struggling to make ends meet. The rising cost of food and basic necessities affects lower income families and those on limited incomes the most. According to poverty experts, a more realistic estimation of a minimum income may be at least twice the federal poverty measure.<sup>24</sup>

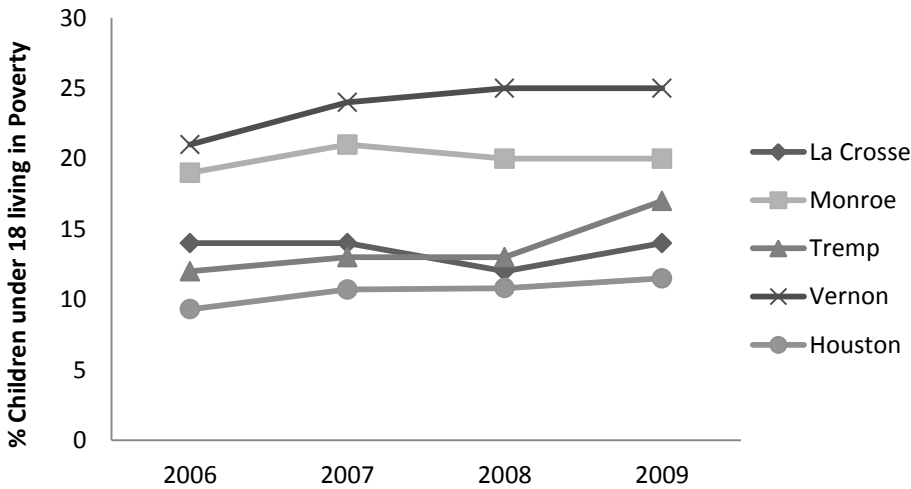
**Table 8** summarizes the population in poverty in each county and shows how poverty has increased over the past decade in every county in the Great Rivers Region. According to the federal definition of poverty, **1 in 8 people** in the Great Rivers Region are poor today. The Kids Count initiative of the Annie E. Casey Foundation tracks hundreds of measures of child well-being and allows for comparisons across states and counties. **Figure 12** shows the percentage of children in the Great Rivers Region, under the age of 18, who live in families with incomes below the federal poverty level. Based on this data we see that quality of life for children in the Great Rivers Region has declined over the past five years; with increasing number of children living in poverty. Children in the Great Rivers Region are faring the worst in Vernon County; where **1 in 4** are living in poverty, and faring best in Houston County where about **1 in 7** are living in poverty.

**Table 8: Percentage of the Population in Poverty**

County/Region	2000	2009
La Crosse	10.7	12.8
Monroe	12.0	12.2
Trempealeau	8.3	11.8
Vernon	14.2	15.6
Houston	6.5	8.6
County Average	10.3	12.2
Wisconsin	8.7	12.4
Minnesota	7.9	10.9
United States	12.4	14.3

Source: 2000 US Census, US Census, QuickFacts

**Figure 12: Children in Poverty**



Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, [www.datacenter.kidscount.org](http://www.datacenter.kidscount.org)

**Table 9: Percentage of households living at the 160% Federal poverty line in 2009 (2 adults / 2 children)**

County / Region	2009
La Crosse	35.9
Monroe	36.5
Trempealeau	35.6
Vernon	41.8
Houston	33.8
County; Average	36.7
Wisconsin	33.4
Minnesota	29.4
United States	34.4

Source: Based on US Census Bureau Income data

However, if we examine an expanded threshold of poverty, a more sobering picture emerges of our communities. **Table 9** shows the percentage of the population living just 160 percent over the federal poverty line or making an income less than \$35,000 (based on 2009 figures). By this measure, **1 in 3 people** in our region are poor or nearly poor.

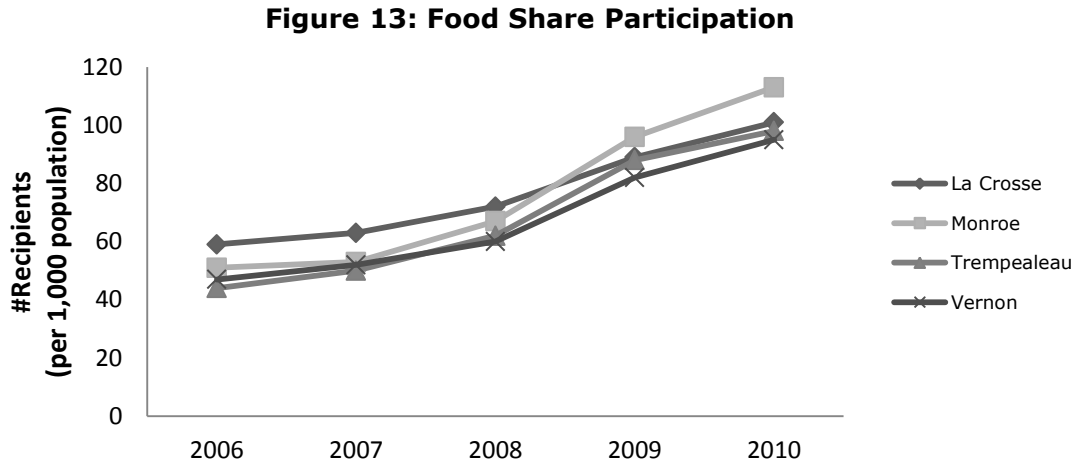
Another important indicator for a community is the measure of **food security**. According to the US Department of Agriculture, "Food security for a household means access by all members at all times to enough food for an active, healthy life." **Food insecurity** is having limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways." <sup>25</sup>

**Table 10: Percentage of families seeking Food Support in Houston County**

2006	8.0%
2007	8.0%
2008	8.2%
2009	10.8%
2010	11.3%

Source: Houston County Public Health Department

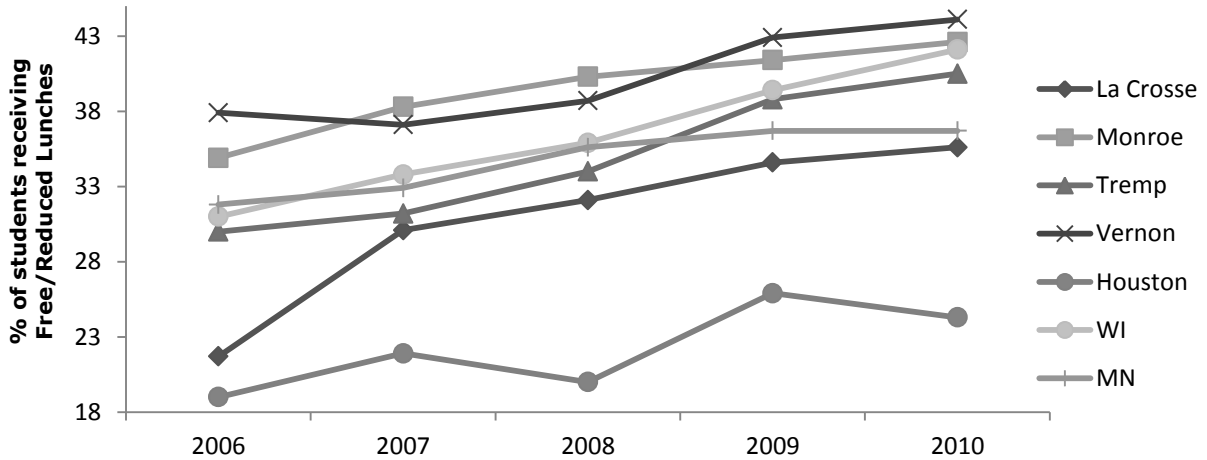
Locally, the closest measure to food insecurity in the community is the participation in food assistance programs such as: Food Share (WI), Food Support (MN), WIC, the National School Lunch Program, and utilization of local food pantries. Although participation in these public assistance programs is often used as proxy measures to poverty, these programs may greatly underestimate the extent of need as not all eligible residents ask for assistance. Nevertheless, the numbers of participants are increasing steadily in every county (see **Figure 13**). Although compared to Wisconsin state data, the Great Rivers Region is doing better than the state averages. However, if these enrollment numbers underestimate the need in our Region, the problem is even greater. Data collection for food stamp use in the state of Minnesota is collected differently than in Wisconsin. At the county level, data is collected for families using food stamps; while data on the general population is not available. **Table 10** shows an increase in the percentage of families with children using the Food Support program in Houston County.



Source: Wisconsin Department of Health Services, FoodShare Wisconsin

The National School Lunch Program (also known as **Free and Reduced Lunch**), is a federally regulated program that provides nutritious food to low-income students. Families with incomes at or below 130% of the poverty level qualify for free meals and those with incomes below 130 to 185% qualify for reduced-price meals. School lunch eligibility is a good proxy measurement to the percentage of children in poverty in a school district. However, a limitation of this measure is that some families who are eligible for the program may not apply to the program. This may be particularly true of families with older students who fear the stigma of using public support. **Figure 14** shows the average percentage of students participating in the Free and Reduced lunch program in the Great Rivers Region. Overall, the data shows that student enrollment in the program is increasing. At the county level, Vernon and Monroe have the highest percentage of students enrolled in the Free and Reduced Lunch Program; while Houston County has the lowest percentage of students who are enrolled.<sup>26</sup> Nevertheless, at the district level, some schools report having up to 70% of their student population participating in the Free and Reduced Lunch Program. This indicator gives a startling view of the percentage of children in our communities who are living on very limited incomes.

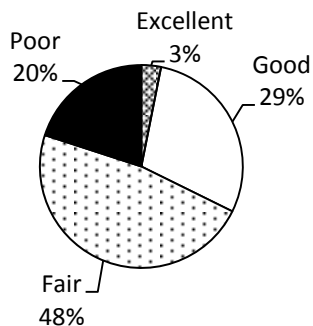
**Figure 14: Free and Reduced Lunches**



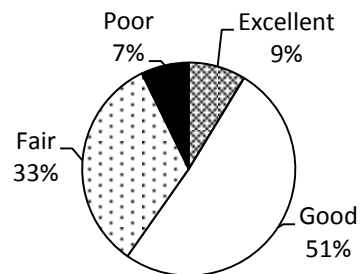
Source: Wisconsin Department of Public Instruction, <http://www.dpi.state.wi.us>, Kids Count Data Center, <http://www.datacenter.kidscount.org>

In the COMPASS NOW random household survey, respondents were asked to rate their community’s efforts to reduce poverty and hunger (see **Figures 15 and 16**). Overall, a majority of respondents gave only a fair to poor rating of their community with regard to their efforts to reduce poverty. Yet a majority of respondents had a more favorable opinion of their community’s efforts to reduce hunger.<sup>27</sup> There also appears to be a greater awareness of hunger needs in the community; with nearly half of COMPASS NOW random household survey respondents expressing concern over the issue.<sup>28</sup>

**Figure 15: Rating of efforts to reduce poverty in the community**



**Figure 16: Rating of efforts to reduce hunger in the community**



Source: COMPASS NOW 2012 Random Household Survey

The temporary use of public assistance programs for families who are unable to meet their basic needs can provide that bridge to self-sufficiency if opportunities for adequate living wages exist. **Wage adequacy** refers to the degree which a given wage is adequate to meet the basic needs of an individual or family. For example, if wage adequacy is at 100 percent or more, that wage is enough or more than enough to meet 100 percent of the individual or family's basic needs.<sup>29</sup> The concept of self-sufficiency refers to the state of being able to maintain oneself without outside assistance or; the capability to provide for one's own needs.<sup>30</sup> The Self-Sufficiency Standard defines the amount of income necessary to meet basic needs (including taxes) without public subsidies (e.g., public housing, food stamps, Medicaid or child care) and without private and/or informal assistance (e.g., free babysitting by a relative or friend, food provided by churches or local food banks, or shared housing).<sup>31</sup> A variety of organizations have developed family budget calculators to better estimate a minimum annual wage needed to meet basic needs. The Economic Policy Institute's Family Budget Calculator, The Living Wage Calculator<sup>32</sup> (developed at Pennsylvania State University), and the Self-Sufficiency Calculator<sup>33</sup> (developed by the Workforce Development Council of Seattle) can calculate a more realistic estimation of what families need to manage without outside assistance. The EPI calculator, for example, compiles the costs of essential living expenses such as housing, food, child care, transportation, and health care; and estimates minimum income levels for different regions of the country. According to the EPI Family Budget Calculator, a family of four, two adults and two children, in this region would need approximately \$47,808 a year; just to meet their basic needs (see **Table 11**). A significant challenge facing the Great Rivers Region is how to stimulate and support an economic environment that provides wage adequacy for its residents in order for all in our community to have the opportunity to reach their full potential.

**Summary:** Living in poverty has an adverse effect on our community. Several measures of food insecurity are on the rise; signaling a greater number of people at risk. The concept of a self-sufficiency standard has been used in several states to analyze the impact of policies affecting low-income families and advocate changes to assist families out of poverty.

**Table 11: Basic Needs for a Family of 4**

	<b>\$US</b>
Monthly Housing w/ basic utilities	645
Monthly Food	676
Child Care	815*
Transportation	492
Health Care	472
Other Necessities	318
Taxes	566
<b>Total</b>	<b>3,984</b>
<b>Minimum Annual Salary</b>	<b>\$47,808</b>

\*Based on local rates for one school-aged child and one toddler

Source: Family Budget Calculator, <http://www.epi.org>

### **Key issues to address**

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Based on this COMPASS NOW Economic Profile, results of the focus groups and random household survey and socio-economic indicator data, the COMPASS NOW Leadership Team examined and scored the following 7 income issues to determine the issues of greatest concern:

- Low wages
- Limited Economic Development
- Food Insecurity
- Low Financial Literacy
- Unemployment
- Availability of Housing
- Quality of Housing

The COMPASS NOW Leadership Team determined the following 3 issues to be the key income issues facing the Great Rivers Region (in alphabetical order):

- Limited economic development
- Low wages
- Unemployment

The issue that was determined to be emerging or area to watch was:

- Food Insecurity

It is important to note that some of the issues above were important to individual counties, but did not rise to the top when all ratings were examined.

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- <sup>4</sup> Mississippi River Regional Planning Commission (MRRPC), 2007-2012 Comprehensive Economic Development Strategy Report.
- <sup>5</sup> Wisconsin Realtors Association Housing Statistics, [http://www.wra.org/Resources/Property/Wisconsin\\_Housing\\_Statistics](http://www.wra.org/Resources/Property/Wisconsin_Housing_Statistics)
- <sup>6</sup> US Census Bureau, 2006-2010 American Community Survey, 5 year estimates, accessed 12/8/11.
- <sup>7</sup> 2012 COMPASS NOW Random Household Survey, Question 11k.
- <sup>8</sup> Continuum of Care-Point in Time Survey, Data from July 28, 2010 and July 27, 2011, Couleecap, Inc.
- <sup>9</sup> Based on data estimates of the North American Industry Classification System (NAICS), Bureau of Economic Analysis, <http://www.bea.gov>
- <sup>10</sup> Bureau of Economic Analysis. Regional Economic Accounts. 2006-2009. <http://www.bea.gov>
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- <sup>22</sup> Cauthen, Nancy K. 2007. [Testimony on Measuring Poverty in America](#). Testimony before the House Subcommittee on Income Security and Family Support, Committee on Ways and Means. Aug. 1, 2007.
- <sup>23</sup> Federal Register, Vol 76, No. 13, January 20, 2011.
- <sup>24</sup> Cauthen, Nancy K. 2007. [Testimony on Measuring Poverty in America](#). Testimony before the House Subcommittee on Income Security and Family Support, Committee on Ways and Means. Aug. 1, 2007.
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- <sup>26</sup> 2012 COMPASS NOW Indicator Report, Income Indicators, Free and Reduced Lunch
- <sup>27</sup> 2012 COMPASS NOW Household Survey, Questions 9i and 9j.
- <sup>28</sup> 2012 COMPASS NOW Household Survey, Question 11a.



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<sup>29</sup> The Self-Sufficiency Standard for Wisconsin, April 2004, D. Pearce and J. Brooks.

<sup>30</sup> Merriam-Webster Dictionary, <http://www.m-w.com>

<sup>31</sup> The Center for Women's Welfare, <http://selfsufficiencystandard.org>

<sup>32</sup> The Living Wage Project, <http://www.livingwage.geog.psu.edu>

<sup>33</sup> The Self Sufficiency Calculator for Washington State, <http://www.thecalculator.org>

# An Education Profile of the Great Rivers Region

## Introduction

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Education is a key building block to a healthy community reaching its full potential. There are clear economic and social benefits of education that impact individuals and communities. Education gives us a better understanding of the world around us; it challenges us through new experiences and knowledge and gives individuals an opportunity to share ideas through a variety of settings. Education is essential to economic growth and key to reducing poverty. Education is linked to an increase in workforce productivity and higher household income.

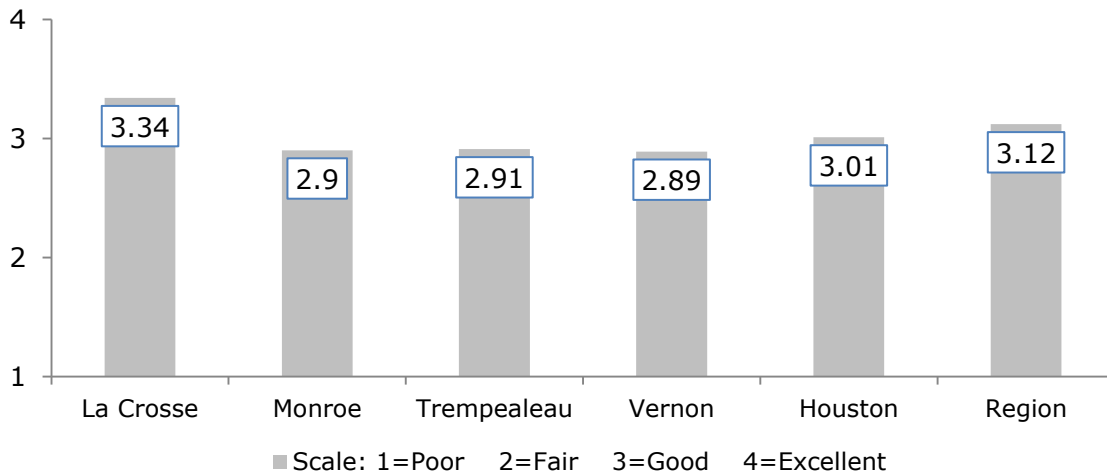
This section of the COMPASS report will briefly give an overview of the education system in the Great Rivers Region. The purpose of the report is to highlight key public education indicators, present community perceptions regarding education, and share information on various education related challenges facing our communities

## Our educational needs

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In the COMPASS NOW 2012 Random Household Survey, residents of each county were asked to rate their community as a place that meets their educational needs. Overall, 83% of the survey respondents gave an excellent or good rating to their community in this regard. However as shown in **Figure 1**, La Crosse County residents rated their community considerably higher than residents in the rest of the region. Many factors can affect how residents rate whether or not their community meets their educational needs. If we look at educational needs on a continuum of lifelong learning then needs range from early pre-school through elementary, secondary, post-secondary, training and professional development, and life and leisure enrichment.

**Figure 1: Rating their community as a place that meets educational needs**



Source: COMPASS NOW 2012 Random Household Survey

### Enrollment and School Funding

Enrollment in public schools is measured by counting the number of students enrolled in school on a particular day in September or October. In 2011, the Great Rivers Region had approximately **37,422** school aged students (Pre-K-12) in public schools, **3,995** students (K-12) in private schools, and **1,058** being homeschooled. There are **26 public school districts** in the region with **123 public schools** and **45 private schools**. **Table 1** shows school enrollment by county for 2005 and 2011. Between these years, an expected increase in public school enrollment was seen in La Crosse and Monroe counties, with more significant increases in Vernon and Houston counties, and a dramatic increase in enrollment in Trempealeau County. Private school enrollment however saw an opposite trend over the past 5 years with private school enrollment dropping dramatically in every county except La Crosse. The number of students who are homeschooled increased significantly in the La Crosse school district and decreased in La Farge school district in Vernon County. Reporting of homeschooled students to the residential school district is required by the Wisconsin Department of Instruction. Private Amish schools are included in private school enrollment however their compliance with reporting varies.

**Table 1: Public and Private School Enrollment**

County	Public school enrollment PK-12			Private school enrollment PK-12			Homeschool enrollment		
	2005	2011	% Change	2005	2011	% Change	2005	2011	% Change
La Crosse	15,513	16,098	4%	2260	2,339	3%	199	337	41%
Monroe	6,880	7,046	2%	819	668	-23%	312	293	-6%
Tremp.	4,534	5,832	22%	405	298	-36%	149	152	2%
Vernon	3,811	4,129	8%	450	343	-31%	433	276	-57%
Houston	3,876	4,317	10%	394	347	-14%	n/a	n/a	n/a

Source: Wisconsin Department of Public Instruction, Minnesota Department of Education

The public education system is a large and important investment in our communities. Providing adequate resources to meet student needs is an ongoing and increasing challenge. Funding for public schools is set by a complex mechanism of state revenue limits, calculations of state aid and local taxes. School districts may seek additional funds through a referendum. Some school districts in the Great Rivers Region have successfully passed referendums to augment limited budgets while others have failed to garner the necessary public support. A record number of school districts in Minnesota asked tax payers to support referendums in 2011 to help pay for the education costs that are simply outpacing funding. Wisconsin has seen significant debate over public school funding with the 2011-13 state biennial budget which cut government aid to education in unprecedented amounts. **Table 2** shows the percentage change in school aid to Wisconsin school districts from the 2010-11 school year to the 2011-12 school year.

The majority of school district expenses are instruction related including teacher salaries and benefits, supplies, equipment, and textbooks. Budget cuts to education effect school staffing decisions, instructional materials and support to extra-curricular activities. Budget cuts may cause classroom sizes to increase and enrichment programs may be limited or eliminated.

**Table 2: Percentage change in state aid to school districts from 2010-11 to 2011-12**

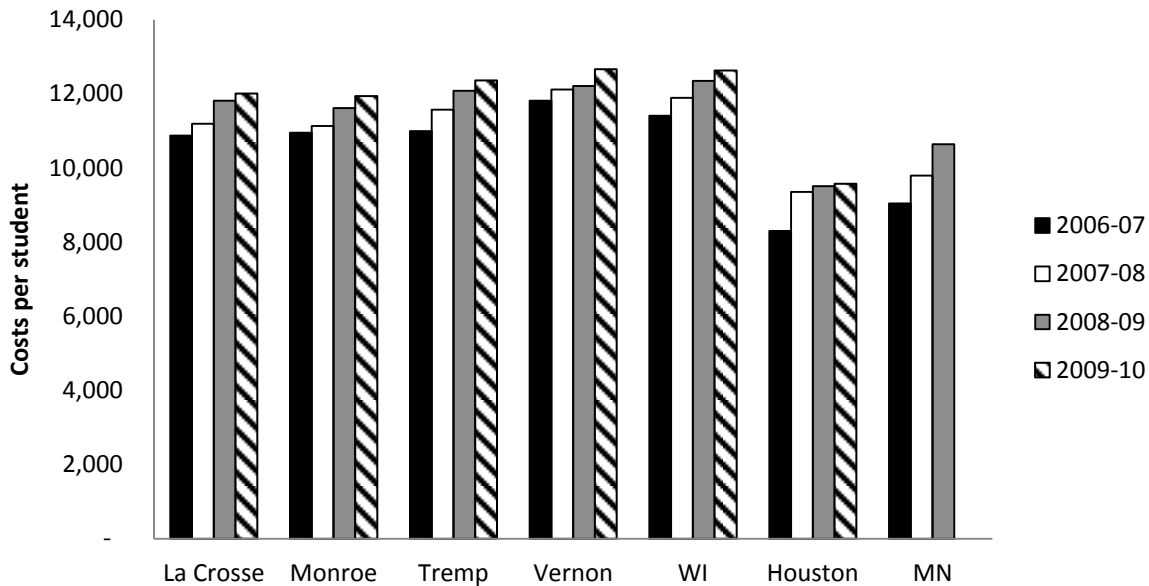
	<b>% Change</b>
Arcadia School District	-4.27
Bangor School District	-9.98%
Blair-Taylor School District	-9.98%
Cashton School District	.25%
De Soto Area School District	-9.98%
Eleva-Strum School District	-9.98%
Galesville-Ettrick-Trempealeau	-10.07%
Hillsboro School District	-8.88%
Holmen School District	-2.77%
Independence School District	-5.41%
Kickapoo Area School District	-9.98%
La Crosse School District	-9.98%
La Farge School District	-2.29%
Norwalk-Ontario-Wilton School District	-3.39%
Onalaska School District	-9.98%
Osseo-Fairchild School District	-9.98%
Sparta Area School District	-7.59%
Tomah Area School District	-10.02%
Viroqua Area School District	-10.22%
West Salem School District	-8.27%
Westby Area School District	-6.39%
Whitehall School District	-7.08%

Source: Wisconsin Department Public Instruction

Education administrators have a variety of measures to help identify the costs to educate a student each school year. The **Total Education Cost** (TEC) is one measure that attempts to identify the overall costs for instruction, support services, transportation, as well as expenditures for facilities attributable per student per year. The TEC calculation includes support services costs such as guidance counselors, psychologists, school health personnel, speech pathologists and other student focused needs. The TEC figure does not include the cost of food service, community service activities funded by fees. **Figure 2** shows the average TEC figures for each county and the state averages. In 2010 the TEC in the Great Rivers Region ranged from \$9,570 per student in Houston County to \$12,660 per student in Vernon County.<sup>1</sup> During challenging economic times school administrators are required to do more with less. However student needs are ever present. On average, 13% of the student population in public schools receives **special education services** for a variety of

needs and disabilities including cognitive disabilities, hearing and vision impairment, speech or language impairment, autism, and emotional behavioral disability.<sup>2</sup> Public school districts are required to offer special education services for children ages 3-21. Expenses for services for students with severe and multiple disabilities are challenges for local school budgets.

**Figure 2: Public School Expenditures**



Source: Wisconsin Department of Public Instruction: Comparative Cost per Member, Minnesota Department of Education: School District Financial Profiles

**Charter schools and alternative education programs**

There is an increasing amount of choice in the Great Rivers Region when it comes to public education options. **Charter schools** are independent public schools that offer a choice to parents and students in the area of curriculum, teaching methodology, and classroom structure. Charter schools foster an environment of innovation and are created with the best elements of traditional public schools in mind. Each school is created through a contract or “charter” between the charter school body and the sponsoring school board. Charter schools employ licensed teachers, offer services to special needs students and require students to take state assessment tests to assure academic accountability. Charter schools do not charge tuition. There are several charter schools throughout the Great Rivers Region for example, the Montessori Academy (La Crosse, Monroe and Houston County), the School of Technology and Arts, Design Institute (La Crosse County),

the School of Science, Engineering and Technology (Trempealeau County) and Laurel High (Vernon County). School districts have also developed alternative education options focused on reaching **at-risk students** who were not succeeding in traditional school settings and are at-risk for not graduating. Some of these schools are charters schools and some are not. However all of these programs offer low student-to-teacher ratio, individualized instruction, and extra social support to create a positive learning atmosphere where students can achieve. Some of the schools for at-risk students in the region include Better Futures (Vernon County), Sparta Area Independent Learning School and the Robert Kupper Learning Center (Monroe), Summit Learning Center (Houston County), and LaCrossroads (La Crosse County).

A fast growing trend in K-12 learning is **online education**. Online learning may offer students flexibility and added educational opportunities however the efficacy of this teaching methodology has not been well tested.<sup>3</sup> Online education give students the opportunity to take individual courses not offered in their school or student may even enroll full-time in a virtual school. The Minnesota Virtual Academy (MNVA) is a K-12 online public school based in the Houston County School District. It is one of the fastest growing public schools in Minnesota and boasts an individualized approach to learning that allows students to learn at their own pace and focus on areas of interest. Students in Wisconsin have several options for online instruction as well. The Wisconsin eSchool Network and the Wisconsin Virtual School offer online programs to school districts that may complement course offerings or meet a specific student need. According to program information, 49% of students who participate in this online education option do so because a desired course is not offered within their school, 31% of students participating are homeschooled or homebound.<sup>4</sup>

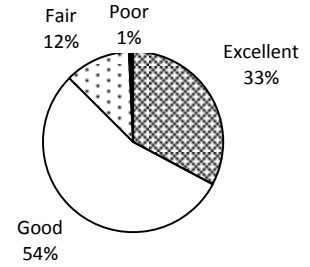
### **Pre-school education**

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Enrollment in school is mandated by law at the age of 6. However, it is well-established that participation in high quality early childhood education programs before age 5 can have positive effects on children's cognitive, language, and social development. Evaluations of prekindergarten programs have found that children exposed to high-quality early education were less likely to drop out of school, repeat grades, or need special education.<sup>5</sup> Respondents of the COMPASS random household survey were asked to rate the availability of preschool opportunities in their community. The results are shown in **Figure 3**. Overall, residents felt the availability of preschool programs

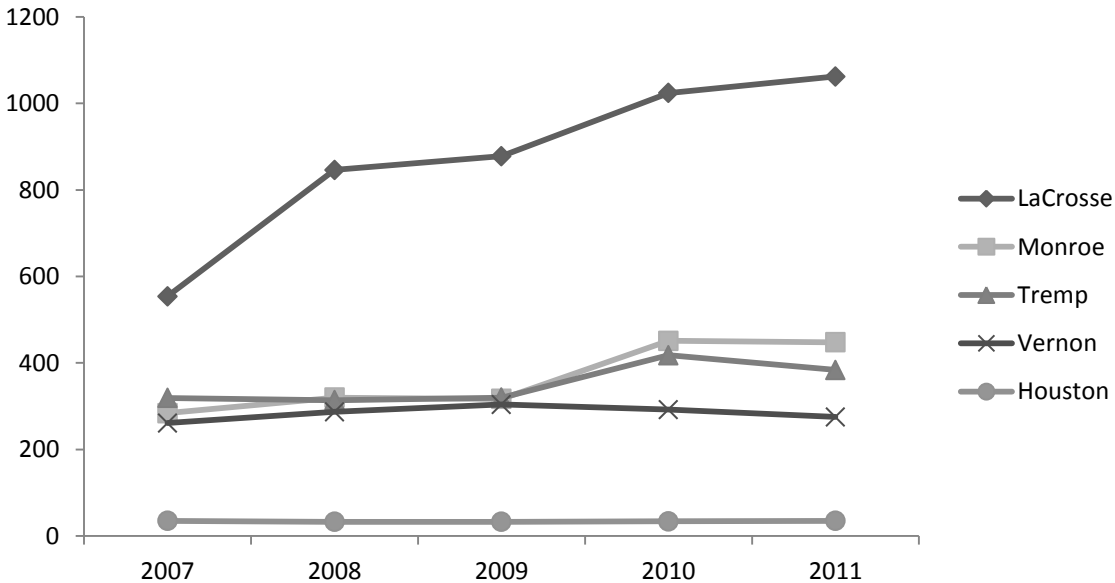
was excellent or good with only 12% indicating the availability was fair or poor. Respondents from each county rated the availability of preschool programs similarly, although respondents with minor children in the household tended to rate the overall availability higher than respondents without dependent children. Indeed the availability of public preschool programs in the Great Rivers Region has increased over the past 5 years; see **Figure 4**. One of the main reasons for the increase is that in 2007, only 60% of school districts in the Great Rivers Region had public 4 year old pre-kindergarten programs. Today, 100% of school districts in La Crosse, Monroe, Trempealeau, and Vernon counties offer public pre-school education with many programs utilizing an innovative community partnership approach that brings together community businesses, schools, child care providers, Head Start, parents and teachers. The structure of the pre-school programs varies throughout the region with most districts offering a half-day schedule 4-5 days a week and a few districts offering a full-day schedule 2-3 days a week. Spring Grove school district offers a school readiness program that meets monthly from January through May and hosts a three-week kindergarten prep class between May and August.

**Figure 3: Availability of preschool opportunities**



Source: COMPASS NOW 2012 Random Household Survey

**Figure 4: 4K enrollment**



Source: WI Department of Public Instruction, MN Department of Education

However, not all pre-school aged children in the Great Rivers Region have the same access to pre-school education. Although several pre-school programs are administered in cooperation with Houston County



school districts, they charge tuition. Pre-school programs charge from a daily rate of \$10 to a monthly rate of \$170 or more. These tuition rates may be cost prohibitive for families and thus may keep children from accessing beneficial educational and emotional foundations to prepare them for success in school.

**Head Start** is a publically funded pre-school option that provides low-income preschoolers with education, nutrition, health, and social services at special community based settings throughout the region. In 2010, **485** children participated in Head Start in the Great Rivers Region with **310** on waiting lists.<sup>6</sup> Growing numbers of children living in poverty clearly points to an increasingly vulnerable population within our community.<sup>7</sup> It is unknown whether the children on Head Start waiting lists are able to enroll in another pre-school option or if they do not attend school at all.

The Wisconsin Model Early Learning Standards (WMELS) developed by a partnership of the Department of Public Instruction, the Department of Health and Family Services, Head Start, Work Force Development and the Early Childhood Collaborating Partners provides a framework for families, professionals, and policy makers that are based on evidence-based research. The WMELS specify the developmental expectations for children from birth to 1<sup>st</sup> grade and are intended to reflect a comprehensive approach to child development. However, 4K programs are not required to use the WMELS as a guideline nor do the standards include benchmarks, a curriculum, or assessment tools. Apart from licensing requirements of child care centers, pre-school programs have the flexibility to design their curriculum based on their own adopted philosophy.

**Screening and assessment** in early childcare settings can provide critical information to parents, caregivers and educators that can lead to identification, early intervention and improved outcomes for children. Programs such as Birth to 3 are federally funded and mandated to provide services for children identified with disabilities and coordinate with school districts for continuity and education planning. Yet a survey of early learning programs in the Great Rivers Region found that the use of developmental screening and assessment was inconsistent and that barriers to assessment included lack of time, training, and assessment tools.<sup>8</sup>

Assessing **school readiness** for kindergarten may seem straight forward but in fact the issue is quite complex. Much of the school readiness debate centers on a lack of agreement on the definition of school readiness and on a lack of agreement on what to do with school readiness assessment information.<sup>9</sup> The School Readiness Indicators

Initiative started in 2005 sought to develop a core set of indicators and found that school readiness needed to be more broadly defined than the knowledge of language and math. According to the Initiative, school readiness expectations should include all areas of child development: physical, cognitive, social, and emotional competence as well as positive attitudes toward learning and community factors that influence children’s learning. Children cannot enter school ready to learn unless their families and communities are also ready to provide an environment that is conducive to positive growth.<sup>10</sup> Children who are unhealthy and experience barriers to accessing quality healthcare or children who are hungry and live in a household where food security is tenuous are likely to be less ready for school. Thus indicators such as percentage of children covered by health insurance, percentage of pregnant mothers accessing appropriate pre-natal care, household income, and percentage of children in poverty are as relevant to school readiness as basic measures of literacy and numeracy. **Table 3** below summarizes a few key indicators that in a broader definition have an effect on our children’s school readiness, the trends seen in the period 2006-2009 point to the challenges children face today and challenges communities will likely face in the future.

**Table 3: Comparison of School Readiness Factors by County 2006-2009**

	% Uninsured Under 19 years old	Children in Poverty	Free and Reduced Lunch	Teen Births rate per 1000 births	Late prenatal care
La Crosse	4.2% Trend: decreasing	Medium:13.5 Trend: Increasing	Medium: 30.8 Trend: increasing	Low: 18.8 Trend: decreasing	Low: 15.9%
Monroe	6.8% Trend: flat/increasing	High: 20* Trend: flat	High: 39.5* Trend: increasing	High: 37.3 Trend: increasing	High: 28.4%*
Trempealeau	7.1% Trend: increasing	Medium: 13.8 Trend: Increasing	Medium: 34.9 Trend: increasing	Medium:28.3 Trend: Flat/decreasing	Medium:25.3%
Vernon	8.3% Trend: increasing	High: 23.8* Trend: flat	High: 40.1* Trend: increasing	Low: 17.2** Trend: decreasing	High:37.2%*
Houston	6.6% Trend: increasing	Low: 10.6 Trend: increasing	Low: 22.2 Trend: Flat	Low: 14.8** Trend: decreasing	Low: 14.4%**

Source: COMPASS NOW 2012 Indicators Report: Poverty, Free and Reduced Lunch, Teen Births, Prenatal Care, Health Insurance Coverage. \*indicates areas of concern; \*\*indicates areas performing well

To address the lack of a systematic process to assess school readiness, the Minnesota Department of Education has conducted an annual assessment of kindergarteners since 2002. The purpose of the school readiness study is to assess entering kindergarten student proficiency across 5 domains of child development. The sample for the study is selected randomly and is large enough to ensure that the results are reliable and generalizable to the state population. The results of the study provide information on school readiness that can be fed back to parents, school teachers and administrators, child care providers, policy makers, and the general public. The results from the 2009 are summarized in **Table 4** and have consistently confirmed that children enter kindergarten with a range of skills, knowledge, behaviors and accomplishments. Comparisons from year to year have not varied significantly but when the results were analyzed by household income, the data were consistent with national research that has shown the negative impact of poverty on children’s development. Students entering kindergarten in Wisconsin are assessed early in the school year in accordance with K-12 standards.

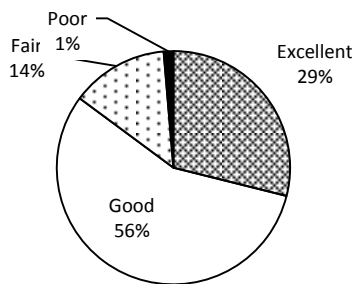
**Table 4: 2009 MN Kindergarten Readiness**

Child Development Domain	Not Yet	In Process	Proficient
Physical Development	3%	32%	65%
The Arts	6%	42%	53%
Personal & Social Development	8%	39%	53%
Language & Literacy	10%	40%	51%
Mathematical Thinking	9%	42%	49%

Note that categories may not add to 100% due to rounding and are adjusted for stratified cluster sampling.  
 Source: Minnesota Department of Education: School Readiness

**K-12 education**

**Figure 5: Quality of K-12 schools**



Source: COMPASS NOW 2012 Random Household Survey

The COMPASS Random Survey also asked respondents to rate the quality of the K-12 schools in their community. Overall, respondents gave a very favorable rating with 85% of respondents rating their K-12 schools either good or excellent.

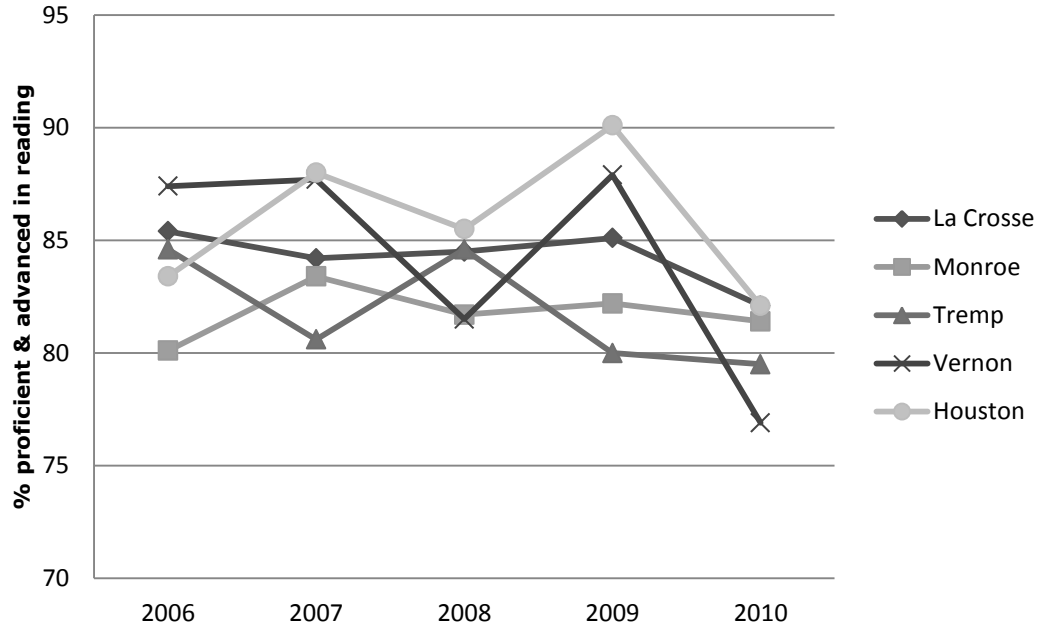
There are several measures of student assessment that the states of Wisconsin and Minnesota use to measure student attainment of subject-area proficiency. The **Wisconsin Knowledge and Concepts Examination (WKCE)** and the **Minnesota Comprehensive Assessment (MCA)** were developed by educators and designed meet state and federal requirements and

provide timely information that educators can use to inform curricular and instructional decisions to improve student achievement in school. Administrators use assessment data as an accountability measure for school improvement. In addition to these state developed standards, the Common Core State Standards Initiative is a state-led effort to establish a shared set of clear educational standards for English language arts and mathematics that states can voluntarily adopt. The standards do not impose additional testing and have been informed by the best available evidence and the highest state standards across the country and globe. The Common Core State Standards were designed by a diverse group of teachers, experts, parents, and school administrators, and reflect both the highest aspirations for students and the realities of the classroom. These standards are designed to ensure that students graduating from high school are prepared to go to college or enter the workforce and that parents, teachers, and students have a clear understanding of what is expected of them. The standards are benchmarked to international standards to guarantee that our students are competitive in the emerging global marketplace. Wisconsin is among 45 states to adopt the Common Core State Standards; Minnesota has opted out of the Common Core State Standards Initiative.

**Reading** proficiency is a key education indicator and the cornerstone of all learning. The goal of every reading program is for all students to read and comprehend reading material at grade-level or above. The WKCE and MCA tests are administered to all students in grades 3-8 and grade 10. **Figures 6 and 7** show the assessment scores for 3<sup>rd</sup> and 10<sup>th</sup> grade reading for 2006-2010.

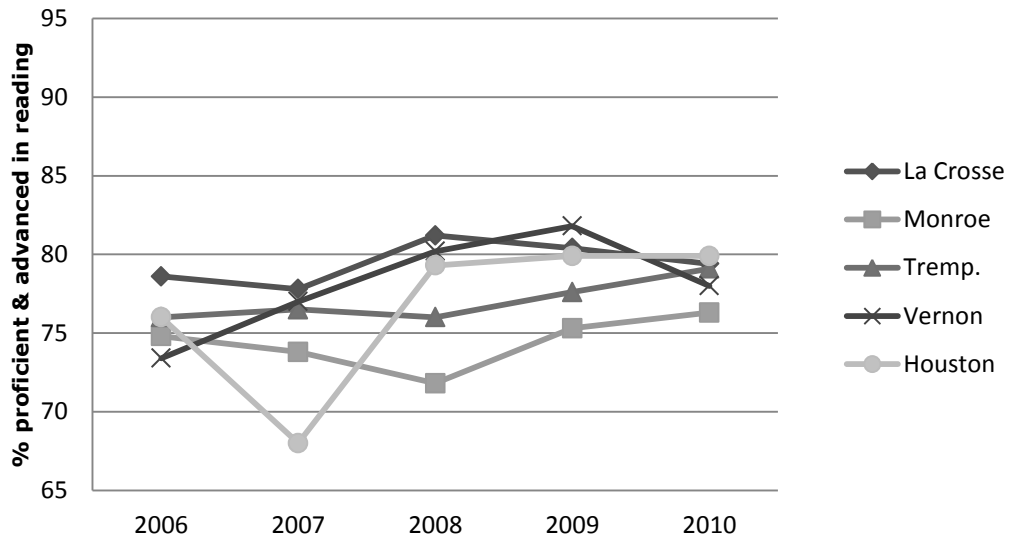
County averages of student scores show that a majority of students in the Great Rivers Region are testing similarly or higher than their counterparts in the rest of the state in both 3<sup>rd</sup> and 10<sup>th</sup> grade. However, looking at individual school districts a different picture emerges. In 2010, 3<sup>rd</sup> grade reading proficiency declined considerably across several school districts in Trempealeau, Vernon, and Houston counties. Although a slightly lower percentage of students are considered proficient or advanced in reading in 10<sup>th</sup> grade, test scores have been stable across the region in recent years.<sup>11</sup>

**Figure 6: 3rd Grade Results - Reading**



Source: Minnesota Department of Education, Assessment and Testing: MCA  
 Wisconsin Department of Instruction, Wisconsin District and School Performance  
 Reports, WKCE

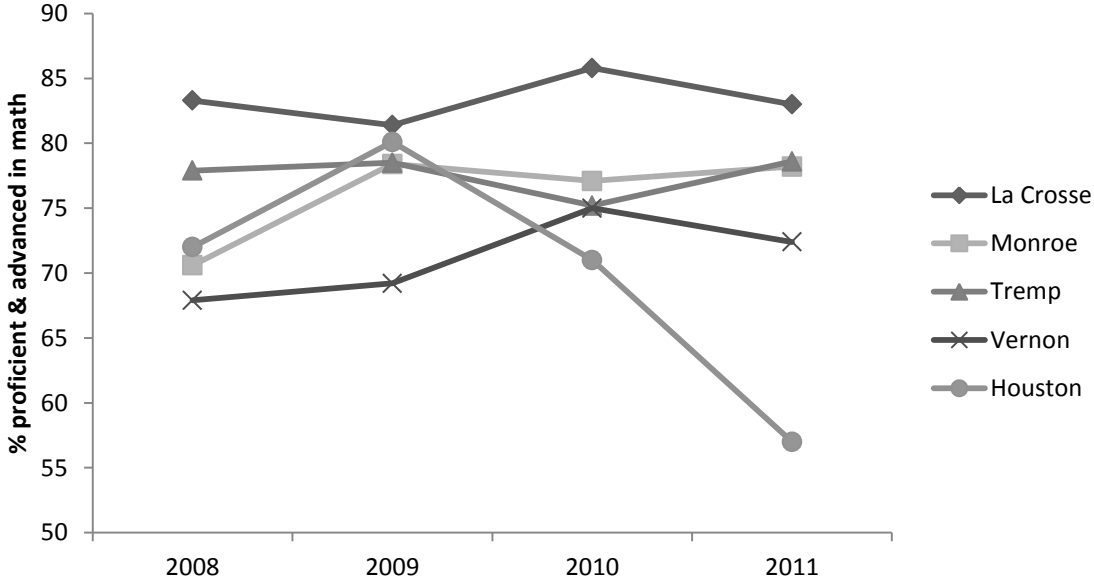
**Figure 7: 10th Grade Results-Reading**



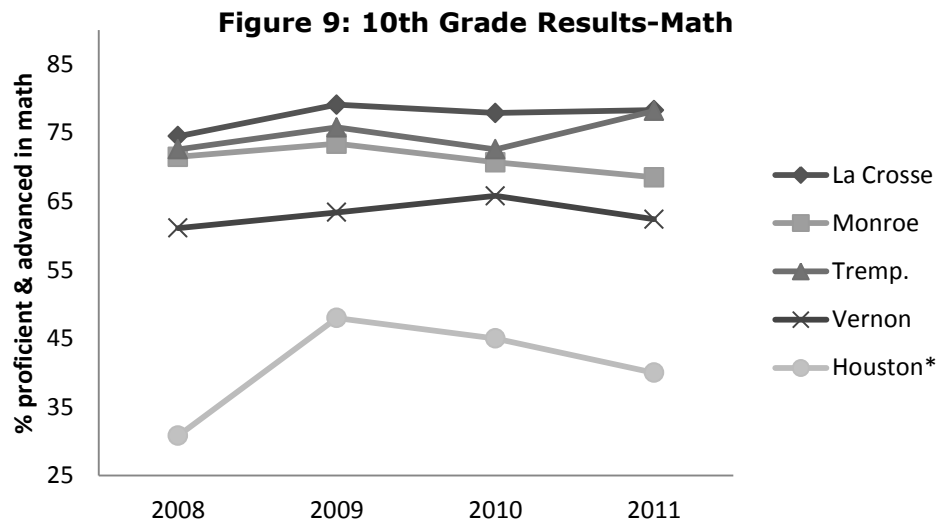
Source: Minnesota Department of Education, Assessment and Testing: MCA  
 Wisconsin Department of Instruction, Wisconsin District and School Performance  
 Reports, WKCE

**Mathematics** proficiency is another key indicator of student achievement. The use of mathematics in our everyday lives and its role in a variety of careers makes it important for students to be competent in key mathematical concepts and relationships. Students today are faced with a future that demands that they are accomplished problem solvers, able to represent and interpret data in a variety of formats, able to use mathematics to make financial decisions, and able to apply mathematical knowledge and thinking to their careers and other real-life experiences. The WKCE and MCA tests are administered to all students in grades 4-8 and grade 10 and 11. **Figures 8 and 9** show the assessment scores for 4<sup>th</sup> and 10<sup>th</sup> grade mathematics for 2006-2010.

**Figure 8: 4th Grade Results-Math**



Source: Wisconsin Department of Public Instruction WKCE, Minnesota Department of Education-MCA-II



Source: Wisconsin Department of Public Instruction-WKCE, Minnesota Department of Education-MCA-II and III,  
 \*Houston County Math results are from 11 grade assessments.

County averages of student scores show that a majority of students in the Great Rivers Region test similarly or higher than their counterparts in the rest of the state in both 4<sup>th</sup> and 10<sup>th</sup> grade. However, test scores between school districts in the same county can vary thus affecting the overall average.<sup>12</sup> Overall, a greater percentage of 4<sup>th</sup> grade students tested proficient or advanced in math than 10<sup>th</sup> grade students. In other words students are gradually becoming less proficient in math as the concepts become more advanced. Students in Wisconsin are only required to have 2 credits of math for graduation, Minnesota requires 3 credits. School districts have the option to exceed the minimum requirements required for graduation. Houston County test scores should be evaluated at the school level and not at the county level. Test scores from virtual /online schools may be pushing county-level scores downward.

**High-school graduation** rates are an important indicator of school performance for parents, policymakers and other concerned community members. A high school diploma is necessary to further education and is a basic requirement for most jobs. Earnings potential and unemployment are closely tied to education. Those who do not graduate high school have a greater chance of being unemployed, incarcerated, have children at a younger age and are more likely to be on government assistance. Accredited colleges require a high school diploma or its equivalent for entrance. Wisconsin has traditionally had one of the highest graduation rates in the nation. Formulas for calculating graduation rates have changed over time and new

methodology recommended by the National Governors Association and is gradually being adopted. Calculations for students who complete high school in an extended amount of time or receive high school equivalency diplomas are now available on the Wisconsin Department of Public Instruction and Minnesota Department of Education websites. County averages of **four-year graduation** rates in the Great Rivers Region ranged from **89% – 92%** for the 2009-2010 school year. Data on individual school districts is available in the COMPASS Education Indicators Report. Over the past 4 years all Great Rivers Region school districts have consistently had higher graduation rates than their respective state averages.<sup>13</sup>

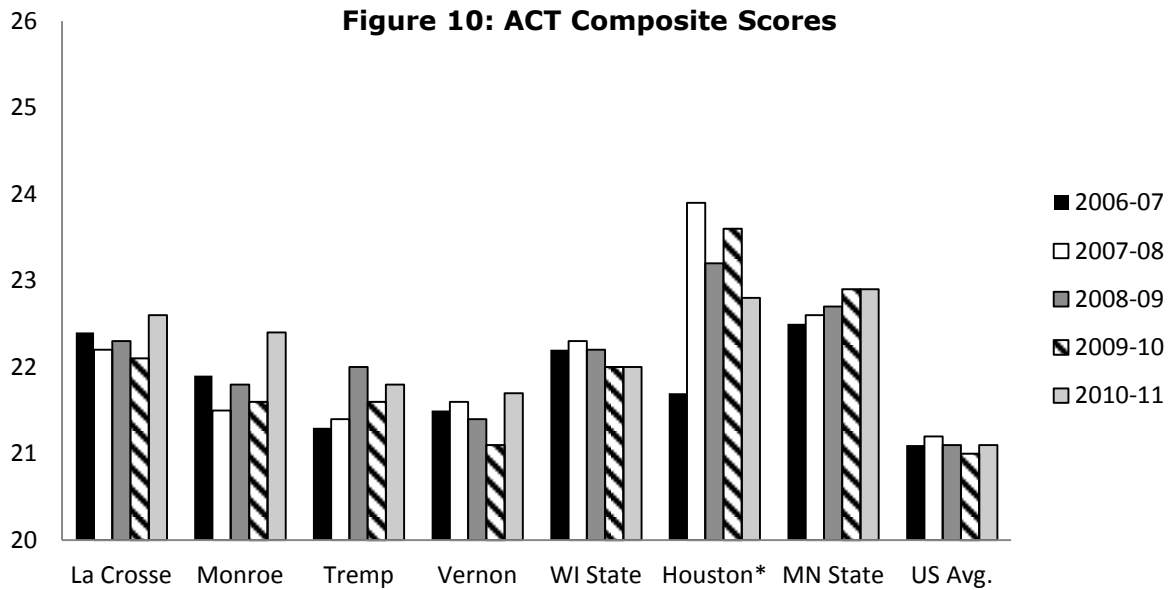
The **American College Test (ACT)** is designed to assess educational development and the ability to complete college level work. ACT test scores are one of the primary measures of college readiness and is an entrance requirement for many colleges and universities. The ACT test consists of four subject areas and a 30 minute writing test. The 215 question, multiple-choice test covers four skill areas: English, mathematics, reading, and science. The ACT, which is an optional exam, is typically taken by college bound students in their junior or senior years. The SAT, an alternative test, may be required by some private and out-of-state colleges. Each portion of the ACT test has a maximum score of 36. Typically, students who take a rigorous college preparatory curriculum will score better on the ACT. Composite score averages are influenced by the percentage of students who opt to take the test - the greater the percentage, the lower the composite average. On average 67-70% of graduating students in WI and MN take the ACT. Students are allowed to retake the ACT with only the most recent score being recorded. The ACT is not required for admission to two-year Minnesota and Wisconsin technical and career colleges. **Figure 10** shows ACT scores for the Great Rivers Region for the past five years. Overall, students in the Great Rivers Region score similarly to the national average. Students in La Crosse and Houston County have the highest composite scores in the region.

### **In Focus**

Youth agreed that bullying was a problem facing the community and that cyber-bullying was increasingly being used in school. The discussion regarding solutions to bullying focused quite extensively on the fear of retaliation youth have when bullied or when they know of someone being bullied. Youth suggested having a point person in school that they could go to and involving parents more in education about the problem.

COMPASS NOW Focus Group Report





Source: Wisconsin Department of Public Instruction: Graduation  
 Minnesota Department of Education: Data Downloads, Student Graduation Rates

**Student services**

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Students attend school with a variety of needs that can affect their learning. Many factors can adversely influence a child’s ability to achieve success in school. Examples include acute or chronic physical or mental illness, lack of health care, hunger, poverty, abuse, challenging family situations, high rates of mobility, alcohol and other drug abuse, violence, a lack of English language skills, and a lack of a stimulating home environment.<sup>14</sup> Every two years a national survey of young people called the Youth Risk Behavior Survey (YRBS) is conducted by the CDC to monitor certain health-risks. In 2009-2011, students in grades 9-12 in the Great Rivers Region were surveyed using the YRBS and Minnesota Student Survey. The results of the survey point to a number of alarming issues facing our students today including: **drug and alcohol use, thoughts of suicide, violence, and sexual activity.** These issues were discussed more extensively in the COMPASS Health issues profile but are worth mentioning here as they affect our education outcomes. Because children spend a great part of their day at school, school personnel are increasingly recognizing the importance of addressing the psychosocial needs of students in order to enhance learning success. Data on utilization of school social services does not readily exist although schools have documented an increase in economically disadvantaged students which

often points to an array of unmet needs and increases stresses in student's lives.<sup>15</sup> **Table 5** summarizes key data showing a variety of risks youth face in the Great Rivers Region.

**Table 5. Select Youth Risk Behaviors**

<b>YRBS Data</b>	<b>La Crosse 2010</b>	<b>Monroe 2011</b>	<b>Tremp 2011</b>	<b>Vernon 2009</b>	<b>WI 2009</b>	<b>Houston 2010<sup>1</sup></b>
<b>Tobacco Use</b>						
Daily smoking	11.1%	18.1%	12.1%	12.7%	11.3%	6.6%
Smoked past 30 days	13.8%	18.5%	12.3%	23.7%	16.9%	17.1%
<b>Alcohol Use</b>						
Binge drinking past 30 days	19.9%	20.4%	15.0%	25.3%	25.2%	22.3% (past 2wks)
Drove after drinking past 30 days	7.7%	9.3%	8.0%	9.8%	8.9%	15.4%
<b>Drug Use</b>						
Marijuana use ever	29.9%	25.1%	18.5%	28.0%	34.2%	13.9% (30 day)
Used inhalant ever	9.3%	9.3%	6.3%	12.9%	9.6%	2.4% (past year)
Used ecstasy ever	8.0%	4.5%	5.2%	4.4%	4.9%	4.4%
Used prescription drug without a doctor's permission	14.7%	18.4%	17.2%	20.6%	20.5%	NA
<b>Violence</b>						
Were ever hit, slapped or physically hurt by their boyfriend or girlfriend during the past 12 months	12.3%	8.3%	7.2%	8.0%	8.4%	7.6%
Bullied on school property past 12 months	23.9%	23.4%	31.3%	27.1%	NA	NA
Electronically bullied past 12 months	19.4%	17.0%	19.1%	NA	NA	NA
<b>Sexual Activity</b>						
Ever had sex	35.0%	44.2%	35.9%	46.6%	40.9%	34.6%
<b>Mental Health</b>						
Seriously considered suicide past 12 months	13.8%	12.5%	12.2%	12.2%	13.2%	22.1% (ever)
Feeling sad or hopeless almost every day for 2wks	23%	20%	21%	21%	21%	23.4%
Hurt oneself on purpose (cutting, burning) in past 12 months	18%	16%	16%	16%	14%	17.7%

Source: COMPASS Now 2012 Health Indicator: Risks to Youth. Data from Centers for Disease Control, YRBS, U.S. Department of Health and Human Services; 2011.

### Support for youth

Students in the Great Rivers Region also have a great deal of positive support in their lives. In addition to surveying risks, the YRBS also surveyed student perceptions with regard to feelings of belonging, caring, and family support. These factors play a significant role in positive youth development and student success. The results are summarized in **Table 6**.

**Table 6: Youth Assets YRBS Data**

Asset	La Crosse 2010	Monroe 2011	Tremp 2011	Vernon 2009	Houston 2010
Family gives love and support	87%	83%	84%	85%	90.8%
Teachers really care, give support, and encouragement	63%	58%	56%	61%	41.2%
Feel like you belong at school	73%	63%	67%	66%	N/A
Adult (teacher or other staff) at school you could talk to	69%	67%	67%	73%	N/A

Source: COMPASS Now 2012 Health Indicators: Risks to Youth. Youth Risk Behavior Survey, 2009-2011, Minnesota Student Survey 2009

### Extra-curricular activities

Extra and co-curricular activities are school sanctioned activities intended to broaden, develop, and enhance a student’s school experience in the areas of academics, athletics, and music. These activities help students connect to their school and develop positive

**Table 7: Percentage of students in grades 6-12 in extra-curricular activities (academic, athletic, music)**

County	2007-08	2008-09	2009-10
La Crosse	33.6	35.3	34.9
Monroe	30.9	38.0	39.2
Tremp	46.5	50.6	45.9
Vernon	40.9	44.9	40.8
Houston*	67.5	80.0	86.6

Source: COMPASS NOW 2012 Education Indicator Youth Activities, \*Houston data reports grades 7-12 and Houston School District only.

personal and interpersonal skills. These activities offer opportunities for students to learn the values of teamwork, individual and group responsibility, competition, diversity, and a sense of culture and community. Research suggests that participation in extracurricular activities may increase school success. **Table 7** shows an average percentage of students that participate in academic, athletic or music extra-curricular activities in the Great Rivers Region. Participation in athletics was typically the highest in each school district while participation

in music was usually the lowest in most schools. Nonetheless, in 2009-10, 3 schools in the region had more than half of all students participating in extracurricular music activities: Brookwood (52.1%), Westby (63.2%), and Independence (68.9%). As part of the COMPASS Random Survey respondents were asked to rate their community with regards to the opportunities youth have to explore interests and positive in positive activities. Overall 60% respondents rated their community as good or excellent in this regard. **Figure 11** shows the ratings by county.

**Figure 11: Positive opportunities for youth**



Source: COMPASS NOW 2012, Random Household Survey

**Post-secondary education**

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Higher education is critical to success in our 21<sup>st</sup> century globally competitive, knowledge-based economy. Employers are increasingly seeking a more educated workforce. Jobs that previously required a high-school diploma now require some postsecondary education, including two- and four-year degrees, certifications, and other industry recognized credentials. This trend will continue as more industries demand specific skills to compete effectively in a global and technology-based economy.

The percentage of people who have completed secondary education can be a good indicator of how well off a population is and what kind of opportunities for growth there are in the community. The percentage of people who have completed secondary education may also give

**In their own words**

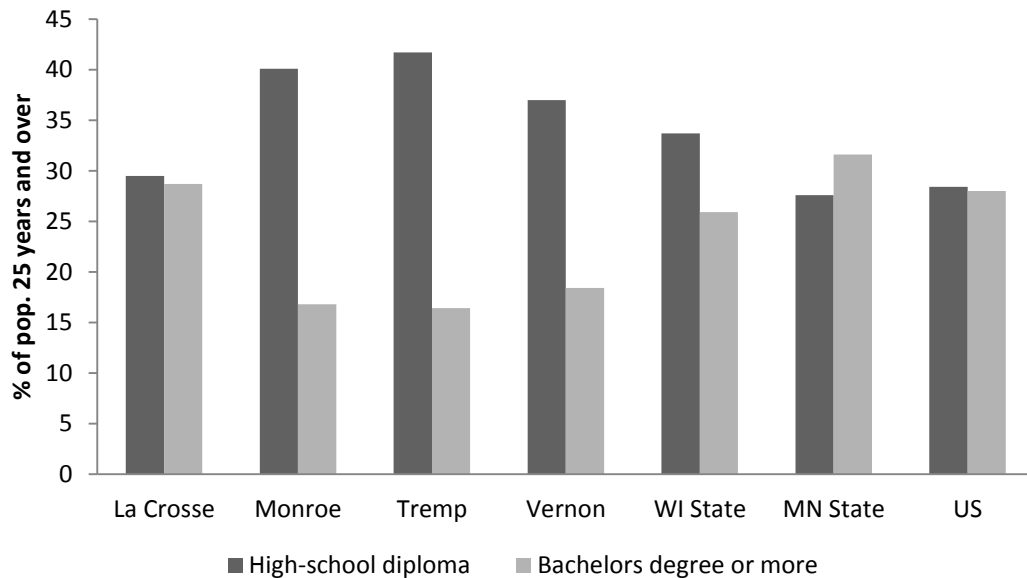
“There is a weakness in our community—there is not a desire to get further education. This impacts our philosophy about education in general. Education is not always valued.”

“Communities will be divided further into those who can provide further education for their children and those who can’t. There will be a wider gap between rich and the poor.”

COMPASS NOW  
Focus Group Report

some insight as to the types of jobs which are available nearby and their entry level or advancement requirements. The benefits of a college degree may be motivating more and more people to pursue higher education although increasing costs may be prohibitive for many. **Figure 12** shows US Census data of the percentage of population who is 25 years old and older in the Great Rivers Region with a high school diploma and with a Bachelor's Degree or higher. During COMPASS NOW focus group discussions on education many participants expressed concern that community members were undervaluing the importance of education and several participants identified the need to break the generational cycle of not achieving a high school diploma or not attaining any post-secondary education. It is worthy to note that La Crosse has the highest level of educational attainment of all counties and is close to the state averages for both categories. However the education gap between urban and rural counties in the region is of concern.

**Figure 12: Educational Attainment**

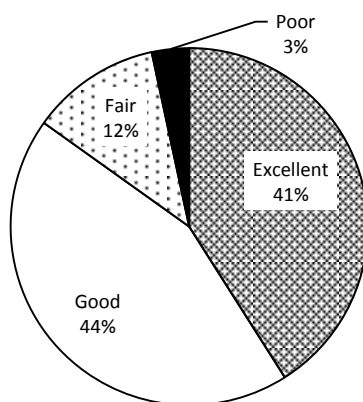


Source: US Census Bureau, American Community Survey 2006-2010.

The Great Rivers Region is fortunate to have a great number of higher education choices including The University of Wisconsin-La Crosse, Viterbo University, Western Technical College, and the newest addition Globe University. Other nearby colleges and universities include: Winona State University, St. Mary’s University, Luther College, University of Wisconsin-Eau Claire, Chippewa Valley Technical College, and Globe University–Eau Claire. Eighty-five percent of respondents to

the COMPASS Household Survey rated the quality of higher education in region as either good or excellent (see **Figure 13**).

**Figure 13: Rating the quality of higher education in your community**



Source: COMPASS NOW 2012  
Random Household Survey

**The University of Wisconsin–La Crosse** is a public university and part of the University of Wisconsin System. UWL’s enrollment is 9,119 undergraduate and 955 graduate students. UW–La Crosse offers 87 undergraduate programs in 44 disciplines, and 26 graduate programs with emphases in eight disciplines. UW-L awards bachelor’s, master’s, and one doctoral degree. The University is divided into three colleges: Business Administration, Science and Health, and Liberal Studies. Many of UWL’s degree programs have earned high distinction.

**Viterbo University** is a private Catholic university that enrolls approximately 1900 undergraduate and 700 graduate students in its 50 undergraduate majors, 27 minors, and 4 graduate programs. Viterbo’s nursing, education and fine arts programs are well regarded and have earned a good ratings.

**Western Technical College (WTC)** is state technical college and part of the Wisconsin Technical College System. Enrollment at WTC in 2010 was 7683 degree seeking students which split evenly between full and part-time. The school’s main campus is in La Crosse but classes are offered throughout the region including Independence, Sparta, Tomah and Viroqua. WTC offers 43 programs of study as well as several technical diplomas and certificates. The aim of the school is to provide relevant training to the current job market. WTC also has an

extensive offering of lifelong learning courses for non-degree seeking community members. In 2010, 2,861 students participated in the adult life-long learning program.

**In their own words**

“The rising cost of tuition is taking away the opportunity for kids to go to college.”

“Our average income does not allow for residents to afford the high cost of rent. How can people afford additional education?”

“People are discouraged about going to school. It takes a long time to pay off student loans. Is it worth it?”

COMPASS NOW  
Focus Group Report

**Globe University** is a private for-profit school and online university which provides specialized career training in 32 degree programs and 8 diploma programs in the fields of business, health sciences, legal sciences, creative media and information technology. Founded in 1885 in Minnesota and formerly known as Globe College the school has a close relationship to the Minnesota School of Business. The La Crosse campus opened in October 2009 and student enrollment for 2010 was 435 students. Globe University prides itself in offering personalized career placement services.

**Cost of higher education**

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Proximity to higher education does not equate to accessibility. Trends in higher education show a steep increase in tuition and fees at both public and private institutions.<sup>16</sup> During COMPASS Focus Group discussions participants indicated that one of the greatest barriers to higher education achievement is rising costs. It is no wonder that it is increasingly becoming more difficult for families to afford higher education. For demonstrative purposes, COMPASS examined the four higher learning institutions in the region and estimated the cost of a Bachelor’s and Associate’s degree in Accounting. The estimation of costs is summarized in **Table 8**. For cost comparison and to show the variability in higher education expenses, the cost of a Bachelor’s degree in Accounting is shown for UW-L and Viterbo and an Associate’s degree is shown for WTC and Globe University. Only in-state tuition prices were used and costs and fees were taken from current published documents and the institution’s websites. It should be noted that costs do not account for inflation, future tuition price changes and financial aid. Room and board and other living expenses were not calculated and are not reflected in the costs.

**Table 8: Cost comparison of higher education costs in the Great Rivers Region\***

	Bachelor degree in Accounting		Associate degree in Accounting	
	UW-L	Viterbo	WTC	Globe University
Tuition	\$35,960	\$85,120	\$8,300	\$46,630
Fees	\$2,020	\$2,360	Included	\$200
Books	Included	\$2,000	\$3,000	\$2,976
Total Estimate	\$37,960	\$89,480	\$11,300	\$49,806

Note: Cost comparison was based on completing a Bachelor's degree in 4 years and an Associate's in 2 years. Tuition and fee rates were taken from each institution's website.

**Table 9** summarizes financial aid data for one school year as published by College Navigator, a website of the US Department of Education that facilitates college cost comparison. The purpose of Tables 8 and 9 is to show the significant investment that is higher education and stress the importance of such an investment. Education can produce great gains not only for individuals but for families and communities. Students need to know both the costs and the benefits of post-secondary education and communities need to seek ways to support these endeavors.

**Table 9: Estimated financial aid and net price for full-time degree seeking students 2009-2010**

	UW-L	Viterbo	WTC	Globe University
% of students receiving any financial aid	74%	100%	70%	97%
% receiving grants: including Federal, Pell, and institutional	27%	99%	47%	74%
Average amount received in grants	\$5,001	\$13,263	\$4,761	\$4,291
% receiving loans: federal and non-federal	57%	76%	31%	91%
Average amount received in loans	\$5,905	\$6,584	\$4,860	\$11,643
Average Net Price*	\$10,280	\$16,354	\$6,725	\$25,271

Source: College Navigator, US Department of Education

\*Full-time beginning undergraduate students who received grant or scholarship aid from federal, state, or local governments, or the institution



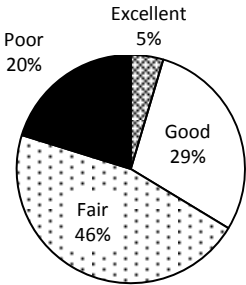
### **Job skills training and continuing education**

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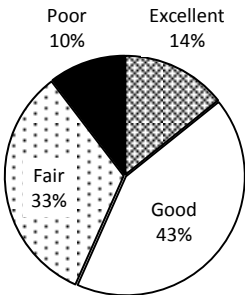
Respondents of the COMPASS random household survey were asked to rate the availability of jobs that offer enrichment and advancement opportunities in their communities. The results are shown in **Figure 14**. In all counties, respondents did not rate this item very favorably with 65% indicating the availability was fair or poor. Vernon and Monroe County residents gave the lowest ratings and overall respondents with lower incomes tended to rate this item lower. The lack of enrichment and advancement in the workplace may signal the need for continuing education and professional development opportunities in the community that can enhance a person's skillset for other employment opportunities. However, residents of the Great Rivers Region have several opportunities to explore job training and professional development outside of their employer through licensure and certification programs at Western Technical College, continuing education at UW-L, independent learning programs of UW Extension and job training programs offered by Workforce Connections a non-profit organization largely funded by the Workforce Investment Act to provide training and employment assistance to displaced workers.

There are also several inexpensive programs offering **life and leisure** courses throughout the region. County parks and recreation departments offer a variety of activities for people of all ages. WTC and UWL both have extensive life and leisure offerings and UWL offers a Learning in Retirement program aimed to create a social network for older adults in the community. However when asked to rate the availability of community resources to learn new skills or hobbies, 57% of COMPASS survey respondents gave their community a favorable rating of good or excellent and 43% rated their community less favorable (see **Figure 15**). It appears there may be a disconnect between community perception of resources and what is actually available.

**Figure 14: Availability of jobs that offer enrichment and advancement opportunities**



**Figure 15: Availability of community resources to learn new skills or hobbies**



Source: COMPASS NOW 2012 Random Household Survey

**Summary**

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The Great Rivers Region offers its residents quality education from pre-school to post-secondary education. Barriers to education particularly exist for low-income families. Student success in education should not be viewed as only a personal achievement but a community asset.

### **Key issues to address**

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Based on this COMPASS NOW Education Profile, results of the focus groups, random household survey and socio-economic indicator data, the COMPASS NOW Leadership Team examined and scored the following 7 education issues to determine the issues of greatest concern:

- Pre-school
- School Readiness
- Risks to youth
- Youth activities
- Job skills training
- Higher Education Costs
- Adult Literacy

The COMPASS NOW Leadership Team determined the following 3 issues to be the main key income issues for the Great Rivers Region (in alphabetical order):

- School Readiness
- Job Skills training

The issues determined to be emerging or areas to watch were:

- Risks to Youth
- Higher Education Costs

It is important to note that some of the issues above were important to individual counties, but did not rise to the top when all ratings were examined.

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- <sup>5</sup> The Case for Pre K in Education Reform, A Summary of Program Evaluation Findings. The Pew Center on the States, April 2010.
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- <sup>7</sup> COMPASS NOW 2012 Income Indicator: Poverty
- <sup>8</sup> Developmental screening and on-going assessment practices in early care and education in Wisconsin. Tylka, G, revised May 2011. Cooperative Educational Service Agency (CESA) #4.
- <sup>9</sup> School Readiness Assessment: A Review of the Literature. December 2007. Community Research Partners and the Franklin County Department of Jobs and Family Services.
- <sup>10</sup> School Readiness Indicators Initiative. 2005. Getting ready-School Readiness Indicators Initiative. A 17 state partnership. Online: [www.gettingready.org](http://www.gettingready.org)
- <sup>11</sup> COMPASS NOW 2012 Education Indicator: Reading Comprehension
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- <sup>13</sup> COMPASS NOW 2012 Education Indicator: High School Graduation Rate
- <sup>14</sup> Collaborative and Comprehensive Pupil Services. Student Services/Prevention & Wellness Team. Division for Learning Support: Equity and Advocacy. September 2008.
- <sup>15</sup> COMPASS NOW 2012 Economic Profile Report, 2012.
- <sup>16</sup> Trends in College Pricing, 2011. The College Board. <http://www.collegeboard.org>

# A Community Profile of the Great Rivers Region

## Introduction

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Residents of the Great Rivers Region are fortunate to live in a region with abundant natural resources including lakes, rivers, wetlands, forests and scenic bluffs. The region also offers fertile farmlands, bustling towns, quaint villages, galleries and museums, a growing urban city, and many activities for the outdoor enthusiast including miles of hiking, biking, hunting, fishing, and snowmobile trails. However beyond the physical aspects of an area, residents also benefit from a strong sense of community. Cohesiveness, a sense of belonging and shared ideals and beliefs build a spirit of community that enhances society as a whole.

This section of the COMPASS NOW report offers a snapshot of the Great Rivers Region through the discussion of several factors related to community, the environment and quality of life. The purpose of this profile is to highlight key indicators and present community perception on a variety of issues facing our communities, including the quality of the natural and built environment, public safety, care for the vulnerable populations, and opportunities for cultural and leisure activities.

## How do people rate their community as a place to live?

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In the COMPASS NOW random household survey, residents of each county were asked to rate their community as a place to live (see **Figure 1**). Overall, 92% of the survey respondents rated their community as excellent or good. La Crosse and Houston County residents rated their community higher than Monroe, Trempealeau and Vernon County residents. Many factors or community traits can affect how residents rate the overall quality of their community. The quality of the environment, services available to protect or assist citizens in their daily life, feeling safe, having opportunities to be entertained, having a sense of belonging, knowing that people care for you, can all contribute to a higher sense of a quality community.

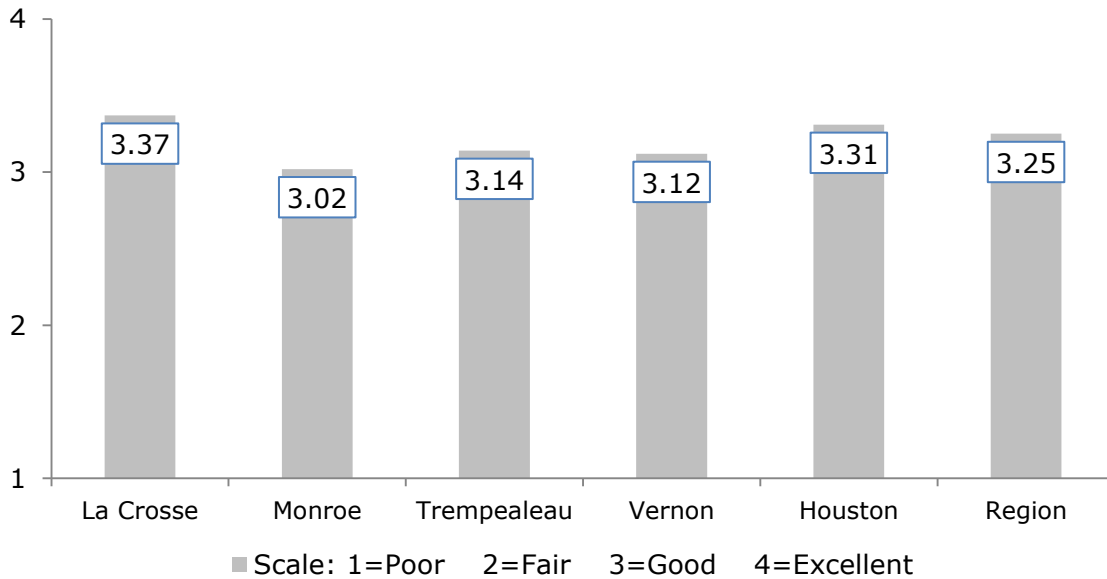
### In their own words

"This area is a great place to live and raise a family."

"I think this is an excellent area to live in and I am grateful for all the services that are available to me..."

COMPASS NOW 2012  
Random Household  
Survey Comments

**Figure 1: Rating their community as a place to live**

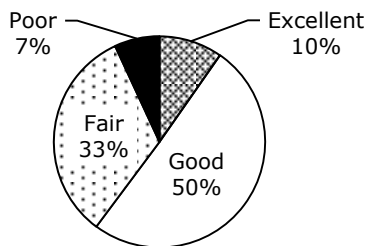


Source: COMPASS NOW 2012, Random Household Survey

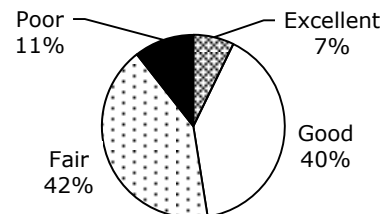
Nearly 40% of respondents rated their community as either fair or poor with regards to being a place where all people are treated respectfully, regardless of their race, culture, religion, gender, sexual orientation, income level, disability or age (see **Figure 2**). 53% of respondents rated their community as fair or poor with regards to being a place where people of different cultural, racial or ethnic backgrounds were included in decision making. This suggests a need to further address issues of diversity and equality in our communities.

**Figure 2: Rating the community as place that respects diversity**

**People are treated respectfully, regardless of differences**



**People of different backgrounds are included in decision-making**



Source: COMPASS NOW 2012, Random Household Survey

**Summary:** Residents of the Great Rivers Region highly rate their communities as a place to live. As diversity in our communities increases, communities should concern themselves with embracing this diversity and ensuring equal opportunities for people with different backgrounds (race, language, religion, sexual preferences, etc.).

### **Quality of the environment**

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**Clean air** is essential to our health and well-being, and the air we breathe impacts our quality of life. Air quality standards determined by the Federal Environmental Protection Agency (EPA) and the States of Minnesota and Wisconsin Department of Natural Resources (DNR) help protect the public from high concentrations of air pollutants that can impact human health. Ozone, particulate matter, and sulfur dioxide contaminants are all well-within standards in all five counties, and rate as some of the highest quality numbers in Wisconsin and Minnesota.

**Water pollution** degrades surface waters making them unsafe for drinking, fishing, swimming, and other activities. Water pollution is monitored and controlled by regulating sources that discharge pollutants into waters of the United States. The EPA sets the discharge limits but also delegates regulatory authority to states that can then issue their own permits and set discharge limits that are at least as stringent as the EPAs. Many municipalities in the region are attempting to improve their storm water runoff quality by implementing best management practices. A majority of treatment operations in the Great Rivers Region are compliant year-round and resolve any compliance issues in a timely manner. Based on the previous numbers, there are a total of 73 permitted wastewater discharge entities in the Great Rivers Region. As of March, 2011, none of the presently issued permits in the 5 counties were on public notice for renewal or revocation.

The quality of the region's **rivers, lakes and streams** can impact the health, recreational interests, tourism, economy, and overall quality of life of its residents. States are responsible for listing waters that are impaired, not meeting their designated uses (fishing, swimming) due to pollutants, and submitting the lists to the EPA for review and approval. **Table 1** lists the rivers, ponds, creeks, and lakes in the Great Rivers Region which are on the 2010 Impaired Waters Lists. Not all segments of the listed rivers and creeks were impaired. In the Great Rivers Region, five water bodies were removed from this list since 2008, and two were added.

**Table 1: Impaired Waters List Bodies of Water in the Great Rivers Region, 2010**

County	Body of water	Contaminant
La Crosse	Mississippi River	Mercury, PCB
	Neshonoc Lake	Mercury, PCB, STSS
	Black River	PCB
	Adams Valley Creek, Fleming Creek, Gills Coulee Creek, Halfway Creek, Johnson Coulee Creek, Long Coulee Creek	STSS
Monroe	Black River	PCB
	Tomah Lake	P
	Angelo Pond, North Flowage, Ranch Creek	Mercury
	Clear Creek	Elevated Water Temperature
	Creek 23-13b, Printz Creek, Stillwell Creek	STSS
	South Fork Lemonweir River	BOD, P
Trempealeau	Black River	PCB
	Trempealeau River	Mercury
	Marinuka Lake	Mercury, P
	Hardies Creek, Irvin Creek, Newcomb Valley Creek, North Creek, Tappen Coulee Creek, Welch Coulee Creek	STSS
	Trump Coulee Creek	STSS, P
Vernon	Mississippi River	Mercury, PCB
	Baraboo River (West Branch)	BOD, P, STSS
	Jug Creek	STSS
Houston	Mississippi River	Mercury, PCB
	Money Creek	Fecal Coliform, Turbidity
	Root River	Mercury, Fecal Coliform, Turbidity
	Root River South	Mercury

Source: <http://dnr.wi.gov/org/water/wm/wqs/303d/>  
 BOD=Biological Oxygen Demand, STSS= Sediment/Total Suspended Solids,  
 PCB=Polychlorinated Biphenyls, P= Total Phosphorus

All **municipal water systems** in the Great Rivers Region use groundwater as their source. Each municipality provides some level of treatment to the water before it reaches the public for use. Each community must test their drinking water periodically for various parameters including inorganic minerals, man-made organic compounds, and bacteriological contaminants. Each of these water supply systems must meet EPA and Wisconsin or Minnesota DNR water quality standards. Within the Great Rivers Region there are 47 municipal water systems that provide drinking water to residents. All 47 municipal water systems use chlorine to keep the water biologically



safe throughout the distribution system. Other chemical treatments vary by county or municipality.

Because of the rural nature of the counties located in the Great Rivers Region, many residents rely on **private wells** to provide water for household use. The only way to determine the safety of the water for human or livestock consumption is to have the water tested by the well user and sent to a certified laboratory in the region for analysis. There are a number of different reasons why private wells may become contaminated or observe changes in water quality. Some are due to natural causes, but many are caused by human activity. Because groundwater is actually precipitation that has infiltrated into the soil and rock, what we do on the land surface can often have a large effect on the quality of our groundwater resource and private wells. There were 660 active wells in Houston County, 2,846 in Vernon, 4,825 in La Crosse, 4,738 in Monroe, and 3,245 in Trempealeau as of 2010. A majority of wells in the region were drilled in the last 25 years. Common groundwater contaminants in the region include coliform bacteria, nitrate, iron, and pesticides. Despite county health department recommendations for annual testing of private wells, only a small percentage of private wells are tested in the Great Rivers Region. The majority of private well testing is done as part of real estate transfers. In 2010, approximately 50% of private well tests at the main laboratory servicing La Crosse, Vernon and Houston counties came back positive for coliform bacteria.<sup>1</sup>

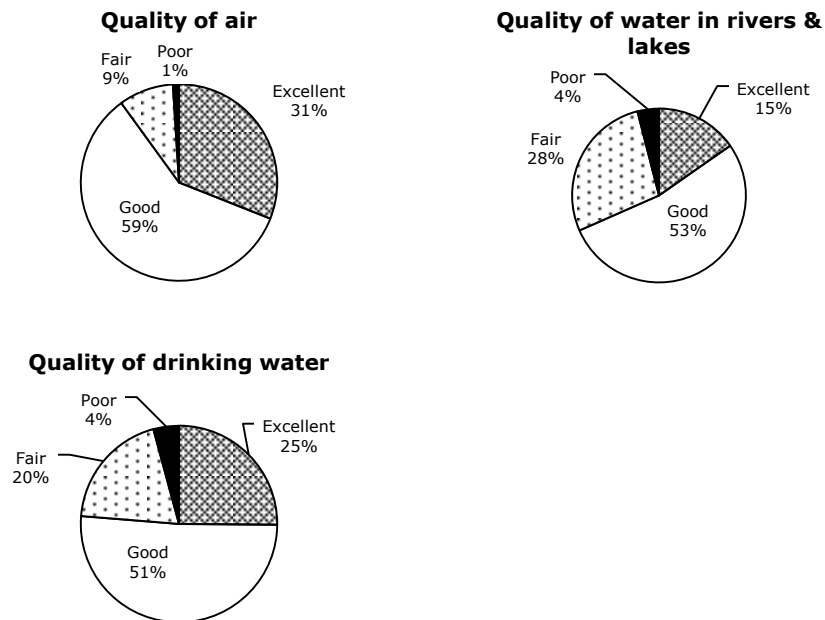
The amount of **waste** a community produces can have a huge impact on the natural environment and the quality of life. Medication disposal is an emerging and complex issue. County health departments in conjunction with county sheriffs and waste management departments organize drug round-up days to assist in the collection of unused and expired over-the-counter and prescription drugs. Regulations imposed by the Drug Enforcement Agency limits the collection of controlled substances such as Vicodin, Oxycontin, Ritalin, and Valium which are often the most dangerous to have in the home. Today's modern landfills are designed with environmental controls, and must meet the DNR requirements. La Crosse County has both a waste-to-energy plant and a sanitary landfill. Most waste is taken to Xcel Energy's waste-to-energy plant, where it is burned to create energy. The plant processes more than 100,000 tons of waste per year. Large items are taken to the landfill, which spans 25 acres and can hold 1.8 million cubic yards of refuse. Houston County and part of Trempealeau County also use the waste-to-energy plant and the La Crosse County Landfill. La Crosse County has a Household Hazardous Waste Facility where residents and businesses can take their paints, batteries, chemicals, and electronic waste. La Crosse County's landfill receives more waste than any other county in the region, largely because of the industries

located in the county and the greater population. The Wisconsin DNR estimates that the La Crosse County landfill has 24 years of useful life remaining as is, Vernon County’s has 10 years left, and Monroe County’s has 14 years left.

**How do people rate the quality of the environment?**

Respondents of the COMPASS NOW random household survey were asked to rate the overall quality of the air, water in our rivers and lakes, and the overall drinking water. The results are shown in **Figure 3**. Overall; residents felt the quality of our air was excellent or good. Only 10% indicated it was fair or poor. Fewer residents felt that our natural water or drinking water was excellent or good. Overall; 32% felt the quality of water in our rivers and lakes was fair or poor; and 24% felt the drinking water was fair or poor. Respondents from each county rated these similarly, although the elderly tended to report the overall quality of the water (natural & drinking) better than younger respondents as did those with higher incomes.

**Figure 3: Rating the quality of our natural environment**



Source: COMPASS NOW 2012, Random Household Survey

## Efforts to protect the environment

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Landfilling waste is an inefficient use of resources, and since there is no national law that mandates recycling, state and local governments often introduce **recycling** requirements. Problematic recyclable materials include appliances, tires, batteries (lead acid), used oil, oil filters, fluorescent and HID lamps, and antifreeze. Non-problematic recyclable materials include textiles, cardboard, paper, aluminum, glass, plastic, carpet, pallets, latex paint, and organics. From 2007 to 2009, the recycling rate for non-problematic materials in Houston County was 40.6% of the waste a person generated per day and 36% in Wisconsin counties. Each person in Wisconsin Counties also generated nearly 100 pounds of yard waste annually, and approximately one-half pound of electronic waste. Recycling rates have increased slightly each year from 2007 to 2009. The vast majority of the municipalities in the Great Rivers Region fund their solid waste and recycling program services via their general funds rather than user fees. Four municipalities in La Crosse County have user fees – three through bag sales and one via their water bill. Grant funding from the DNR covers about 1/3 of the cost of operating a recycling facility in the Great Rivers Region.

Finding **alternative sources of energy** is an emerging trend in the Great Rivers Region. Alternative, sustainable, or renewable energy is defined as generating energy in ways that does not use up natural resources or harm the environment.<sup>2</sup> The most common forms of alternative energy development in our region are solar energy, wind energy, and biogas digestion (the conversion of methane gas into energy). It is unclear if these strategies are emerging in an attempt to protect the environment, or to cut expenses for municipalities and businesses by becoming less dependent on electricity, or for both reasons. Regardless, the State of Wisconsin has registered and partially funded over 2,200 projects since 2002 in the areas of biogas, biomass, solar electric, solar hot water, and wind projects.<sup>3</sup>

**Wind turbines** or farms are emerging in the Great Rivers Region. Wind passing over a turbine creates rotary motion that turns an electric generator and creates electricity. While wind energy is clean, non-polluting, and non-depletable, the location of turbines requires careful consideration, requiring high open land where the winds are unimpeded by trees and buildings. Zoning and noise are other issues that require consideration. Despite this, in 2010 there were 104 business and residential wind energy projects listed on the Wisconsin's *Focus on Energy* website including projects in Monroe and Vernon counties.

**Solar energy** is the conversion of light from the sun to electricity using photovoltaic (PV) cells. As light strikes the PV cell, it creates an electrical potential that generates a current of electricity. Even though there are many cloudy days in the upper Midwest, solar energy can still be a viable source of electricity. Wisconsin's *Focus on Energy* website identified over 1,000 solar electric, and 970 solar hot water projects funded in the state over the past 8 years. Businesses across the Great Rivers Region but particularly in La Crosse and Vernon counties are adding solar panels to building projects to assist in heating water, building or converting the energy into electricity.

Gundersen Lutheran began a project in 2009 that is converting **waste biogas** from the La Crosse City Brewery into electricity. In addition, the health system is partnering with La Crosse County Landfill on a project that will convert waste biogas created from the landfill and turn it into electricity and heat. The gas will turn a generator that produces clean electricity that will be sent to the power grid. The engine will also create heat, which will be used to heat buildings and water on the Onalaska campus.

Communities and businesses in the Great Rivers Region are also focused on **energy efficiency**. This would include using the least amount of energy, for example updating to Energy Star appliances, or ensuring that energy is not wasted by poor or outdated construction. Many new buildings in the Great Rivers Region are receiving LEED certification. LEED, or Leadership in Energy and Environmental Design, is an internationally-recognized green building certification system. "LEED promotes sustainable building and development practices through a suite of rating systems that recognize projects that implement strategies for better environmental and health performance."<sup>4</sup>

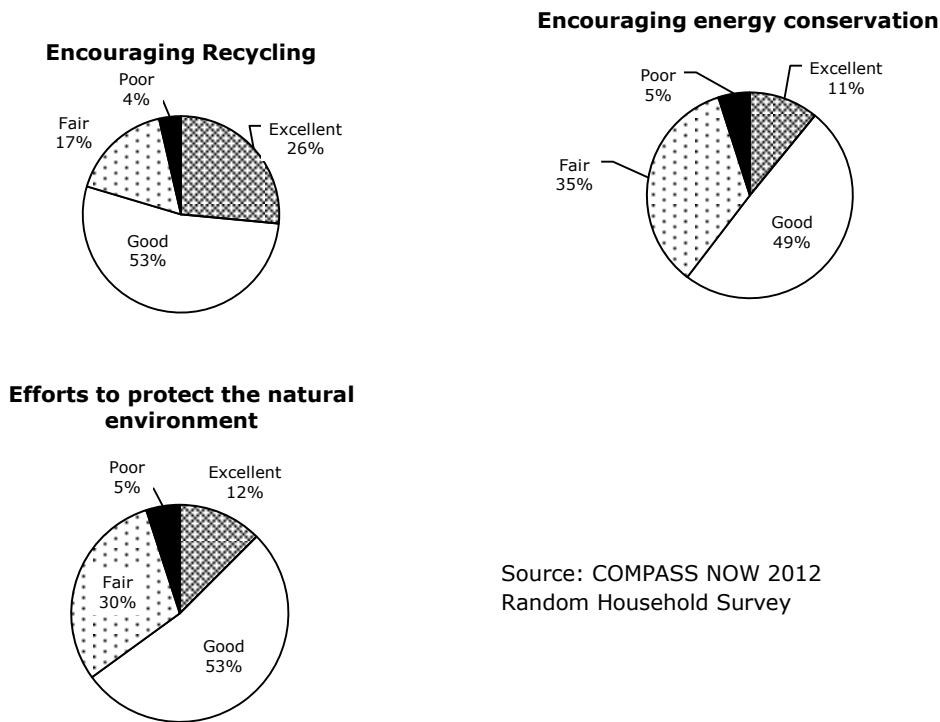
### **How do people rate the efforts to protect our environment?**

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Respondents of the COMPASS NOW random household survey were asked to rate the efforts in our community to encourage recycling, conserve energy, and protect the environment. The results are shown in **Figure 4**. Overall; residents felt our community is doing a better job of encouraging recycling than protecting the environment or conserving energy: 79% of respondents rated their community as excellent or good at encouraging recycling; 60% rated their community as excellent or good at encouraging energy conservation, and 65% stated efforts to protect the natural environment were excellent or good. Over 90% of Houston County respondents rated their community as excellent or good as a place where recycling is encouraged, much higher than other counties' respondents.

Respondents from Monroe and Trempealeau counties were much more likely to rate efforts to protect the natural environment as fair or poor (over 40%) compared to residents from other counties (near 30%).

**Figure 4: Rating of efforts to protect the environment**



Source: COMPASS NOW 2012  
Random Household Survey

### The “built environment”

The term built environment refers to “the human-made surroundings that provide the setting for human activity, ranging in scale from personal shelter and buildings to neighborhoods and cities that can often include their supporting infrastructure, such as water supply or energy networks.”<sup>5</sup> It is typically those community assets that planning commissions and zoning authorities have concerned themselves with for many years. However, more recent attention is being paid to the built environment, as research has shown that it plays a huge role in the overall health and quality of life of the population. Components of the built environment can include the transportation system, neighborhood and housing developments, roads and bike paths, and availability of healthy food.

**Transportation** planning is assessed and coordinated by Regional Planning Commissions (RPC) and Metropolitan Planning Organizations (MPO). Short and long-range Metropolitan Transportation Plans have been developed for areas of the Great Rivers Region.<sup>6</sup> The La Crosse

Area Planning Committee (LAPC) has been designated by the governors of Wisconsin and Minnesota as the MPO to perform transportation planning activities for most of La Crosse and Houston counties.

**In their own words:**

“Public transportation is needed for those in rural areas.”

COMPASS NOW 2012  
Random Household Survey  
Comments

In 2008, the Mississippi River RPC developed a “Regional Coordinated Public Transit-Human Services Transportation Plan.”<sup>7</sup> This plan summarized transportation for La Crosse, Monroe, Trempealeau and Vernon counties. Overall, the Great Rivers Region is served by many forms of transportation. The region for the most part, is very rural and providing transportation services to a rural community is challenging and expensive. In the region, few existing services are coordinated across county boundaries or regionally. Some informal cooperation between agencies has taken place but with minimal success. The MRRPC transportation plan summarized the largest transportation issues that are needed in the future to meet the increasing transportation needs of the region’s population. They identified the following challenges:

**In Focus**

Many participants expressed a deep concern for the challenges the elderly face with regard to their need for transportation. Participants explained that taxi services are limited or non-existent and that as a result the elderly have a difficult time getting to appointments. The lack of transportation increases the isolation of the elderly and makes it more difficult for them to live independently.

COMPASS NOW 2012  
Focus Group Report

- The homeless population is growing and lacks access to transportation services.
- There is a lack of appropriate reimbursement for transportation to individuals who are on Medical Assistance.
- There is a negative impact of rising fuel costs on taxis and other forms of transportation, which become inaccessible for many residents due to the cost.
- There is a need for more wheelchair spaces on mini-buses.
- A more coordinated effort of informing people about transportation services available is needed.
- There are spatial mismatches. Many people need transportation to and from work during hours when there may be limited services available.
- There is a lack of awareness by the general public and employers of the transportation needs for low income individuals.
- Literacy is a problem for some populations that need transportation services.

There are 10 general transportation fixed route services connecting areas of La Crosse, La Crescent and Onalaska. The Onalaska/Holmen/West Salem Public Transit (OHWSPT) is a demand-response, door-to-door public transportation system serving the citizens of the city of Onalaska and the villages of Holmen and West Salem. In 2009, the La Crosse County Aging Unit contracted with a third party to provide shared-ride taxi service to any resident in the town of Holland, the village of Bangor, and the village of Rockland. Find-A-Ride is a grant-funded transportation referral service

administered by the La Crosse County Aging Unit. The service currently helps travelers connect to transportation services in La Crosse County, but plans are being made to do the same in Monroe, Trempealeau, and Vernon counties in Wisconsin as well as in the southeast portion of Minnesota and the northeast portion of Iowa. Additional public transit services available in the planning area include Semcac and the "33 Express." The Aging Unit provides transportation services to the elderly (60 years and older) and to adults with disabilities throughout La Crosse County through the La Crosse County Minibus and through the Volunteer Driver Program (VDP). Several not-for-profit organizations and churches also provide some transportation services for their customers/clients.

According to data from the US Census, the main method of commuting to work is driving a car alone (see **Table 2**). With increasing fuel prices and increased unemployment and poverty, transportation can provide a significant financial challenge. Active Living La Crescent conducted a survey in the spring of 2009 of La Crescent residents to measure knowledge, attitudes, and behaviors related to active living and community design.<sup>8</sup> The survey revealed that 39% of the respondents walked or biked for functional purposes and 3% walked or biked to work. More than half of the respondents stated they would be more active if bike facilities were available.

**Table 2: Means of transportation to work (2000)**

	<b>La Crosse</b>	<b>Monroe</b>	<b>Tremp.</b>	<b>Vernon</b>	<b>Houston</b>
Drove a car alone	81%	76%	75%	71%	76%
Carpooled	9%	12%	12%	11%	10%
Bus	1%	<1%	<1%	<1%	<1%
Bicycle	1%	<1%	<1%	<1%	<1%
Walked	5%	4%	5%	5%	5%

Source: US Census. <http://www.census.gov/prod/www/abs/transpor.html>  
accessed 11/14/11

**Complete streets** is a policy that divides transportation dollars so that alternative transportation options are represented in any design, reconstruction or improving of roadways. This policy enables access and safety measures for all ages and abilities for all modes of transportation including auto, bicyclists, pedestrians, mass transit, and rail. The movement is an attempt to diversify the dependence of a single-use transportation system. The benefits of a complete streets policy include: improved safety, encouragement of walking and bicycling for people of all ages, increased transportation capacity, and improved air quality.<sup>9</sup> A complete streets policy was passed in La Crosse County and several municipalities within the county in 2011.

The Department of Transportation is in the process of translating this policy into processes for future roadwork.

A component of the built environment that is gaining significant attention is that of **availability of healthy foods**. Restaurant and grocery store availability by county is shown in **Table 3**. Farmer’s markets and community supported agriculture (CSA) are informal sources of fresh foods that are growing in availability. The inability to pay for these foods using food stamps, make these new sources of food not an accessible option for low income families.

**Table 3: Food environment statistics, 2005  
(Rate per 10,000 population)**

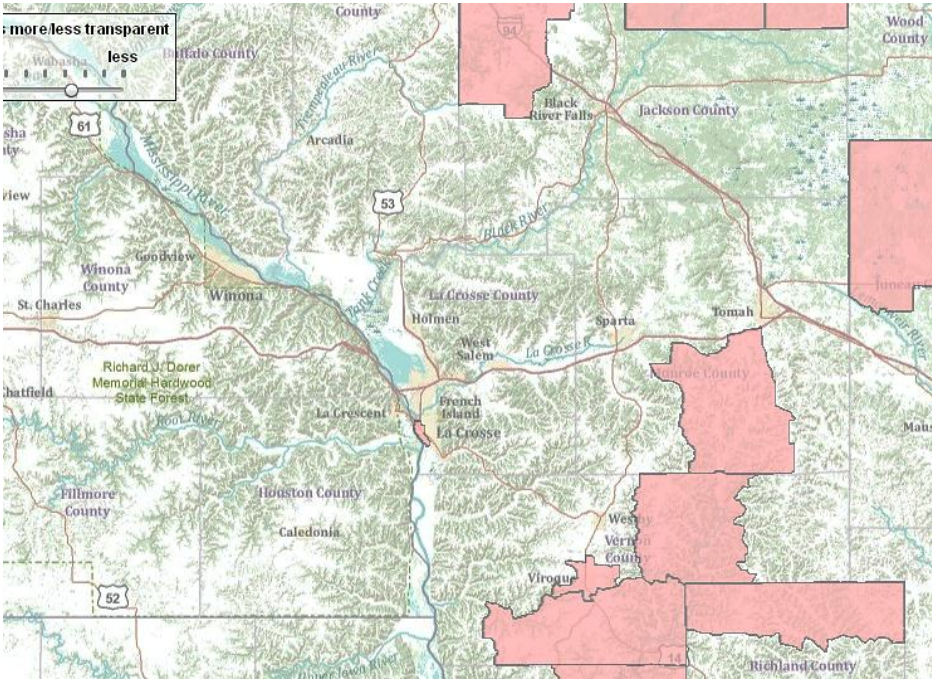
	<b>La Crosse</b>	<b>Monroe</b>	<b>Tremp</b>	<b>Vernon</b>	<b>Houston</b>	<b>WI</b>	<b>MN</b>
Number of grocery stores	1.52	1.86	2.16	1.38	2.56	1.86	1.83
Number of supercenters and club stores	0.18	0.23	0	0.35	0	0.11	0.13
Number of convenience stores (with gas)	3.50	4.88	5.04	1.38	5.13	0.38	3.90
Number of full-service restaurants	7.53	7.44	8.64	7.25	11.28	4.12	6.98

Source: US Census: <http://www.census.gov/econ/industry/ec07/a722110.htm> accessed 11/14/11

Relatively new research has shown that health is significantly poorer in areas where residents have poor-to-little access to healthy food. **Food deserts** are defined by the Healthy Food Financing Initiative (HFFI) Working Group as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store.<sup>10</sup> Furthermore, to qualify as a food desert tract, at least 33 percent of the tract's population or a minimum of 500 people in the tract must have low access to a supermarket or large grocery store. Low access to a healthy food retail outlet is defined as more than 1 mile from a supermarket or large grocery store in urban areas and as more than 10 miles from a supermarket or large grocery store in rural areas. Data from the US Department of Agriculture’s website shows food deserts exist in much of Vernon and Monroe counties, and in a small area in the city of La Crosse (see **Figure 5**).



**Figure 5: Food deserts in the Great Rivers Region**

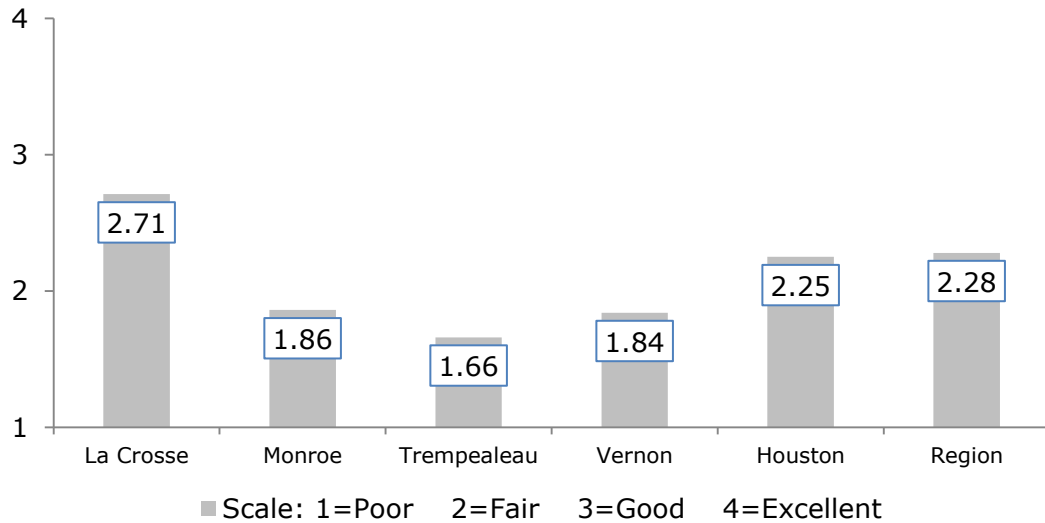


Source: <http://www.ers.usda.gov/data/fooddesert/fooddesert.html>  
Note: shaded areas represent food deserts

**How do people rate the built environment?**

Respondents of the COMPASS NOW random household survey were asked to rate the quality of components of the built environment in their community. Overall; residents rated the affordability and access of public transportation the poorest, with an average rating of 2.28 out of 4. The results are shown in **Figure 6**. Transportation was rated the poorest by Monroe, Trempealeau and Vernon County residents, and La Crosse County respondents rated it the highest. While lower income respondents rated availability of personal transportation as significantly worse, there was no significant difference in the rating of public transportation by income of the respondent. Transportation was cited as an issue, especially for older adults, at several focus groups throughout the Great River’s Region.

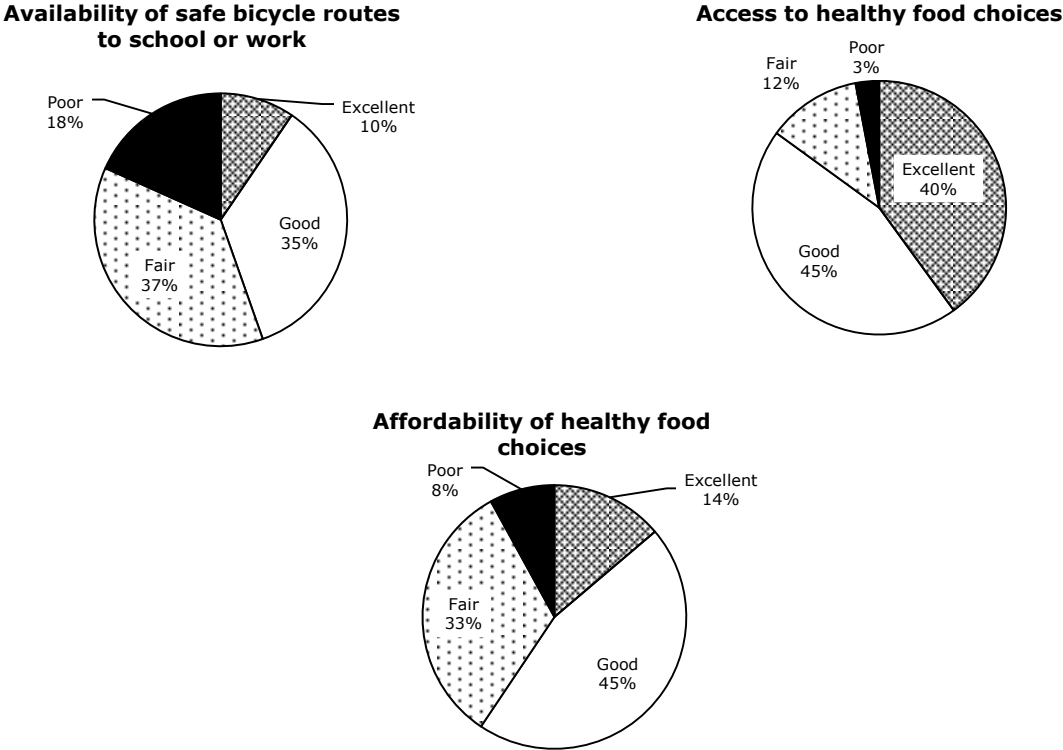
**Figure 6: Rating the affordability and accessibility of public transportation**



Source: COMPASS NOW 2012, Random Household Survey

Other components of the built environment, the availability of safe bicycle routes to school and work, and availability and affordability of healthy food choices were rated by survey respondents and the results are shown in **Figure 7**. Access was rated higher than affordability for healthy food choices. Overall, 55% of respondents rated the availability of safe routes to school or work as fair or poor. Older adults rated both access to and affordability of healthy food choices higher than younger adults. However, there were no differences by income. Residents from Trempealeau County rated their access to healthy foods lower than respondents from all other counties.

**Figure 7: Rating the quality of the built environment**



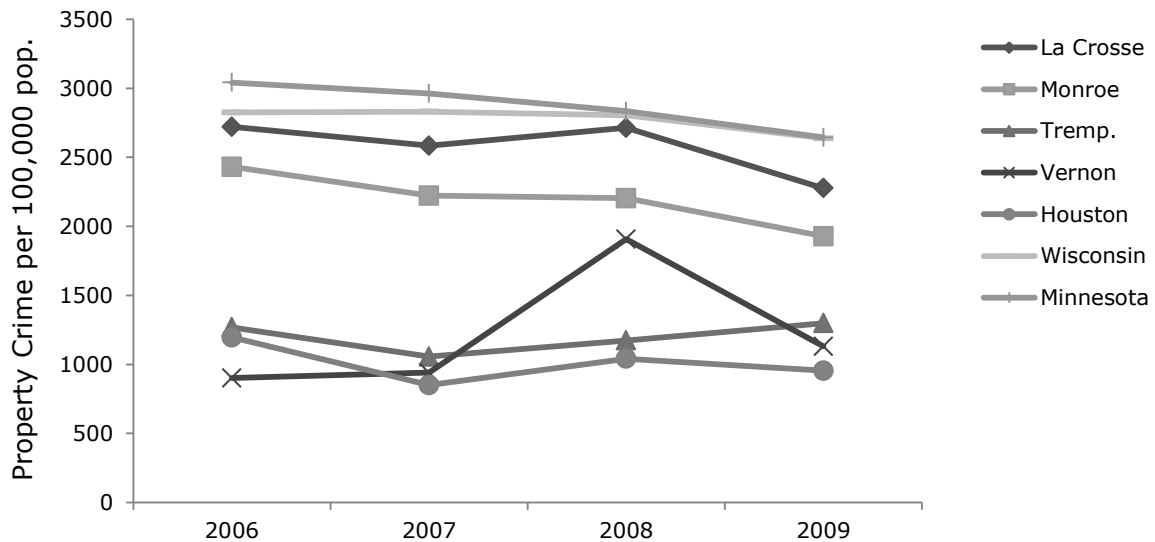
Source: COMPASS NOW 2012, Random Household Survey

**Summary:** Overall, the natural environment of the Great Rivers Region is one of the greatest assets. The natural beauty of the environment is one of the biggest attractors to the region. Communities, government, businesses, and residents are making great strides in protecting the environment and finding ways to lead the nation in energy conservation and creating a healthy built environment. Access to food, especially healthy food, is a significant and emerging concern for many areas in the Great Rivers Region.

**The safety of our communities**

There are several ways to examine the safety of our communities. We can examine the property crime rates, or person-to-person crime rates. Deterrence to crime based on law enforcement presence is also critical. How safe we feel our community is and how much we trust one another to watch out for each other are also important when considering public safety. **Property crimes**, or property offenses, include burglary, theft, arson, motor vehicle theft, and criminal damage to property. These types of crimes do not involve face-to-face confrontation between a perpetrator and a victim. Crime rate levels are dependent upon the willingness of victims to report crimes and are generally higher in more populated areas. Overall, the property crime rate appears to be declining slightly in the Great Rivers Region. Vernon County’s property crime rate was very different in 2008 than in other years. La Crosse County’s property crime rate is the highest of the counties in the Great River’s Region and is similar to Wisconsin and Minnesota’s rate on average (see **Figure 8**).

**Figure 8: Property Crime Rates 2006-2009**

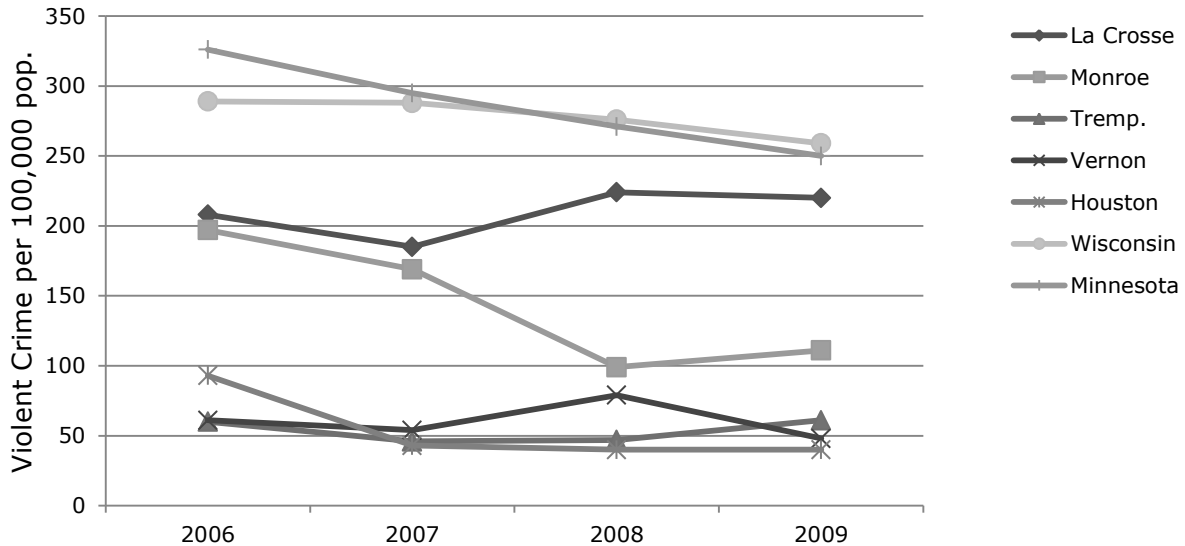


Source: Office of Justice Assistance-Crime Statistics; <http://oja.state.wi.us/>, Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, Bureau of Criminal Apprehension Minnesota, Justice Information Services, 2006-2009 Uniform Crime Report

**Violent crimes** involve face-to-face confrontations between a victim and a perpetrator. Violent crime offenses include murder, non-negligent manslaughter, forcible rape, robbery, and aggravated assault. Violent crimes can be committed with or without the use of a weapon. Similar to property crime, violent crimes are more common in more heavily populated areas (see **Figure 9**). The violent crime rate is

highest in La Crosse County each year. Monroe County's violent crime rate has declined significantly over the past 4 years.

**Figure 9: Violent Crime Rates 2006-2009**

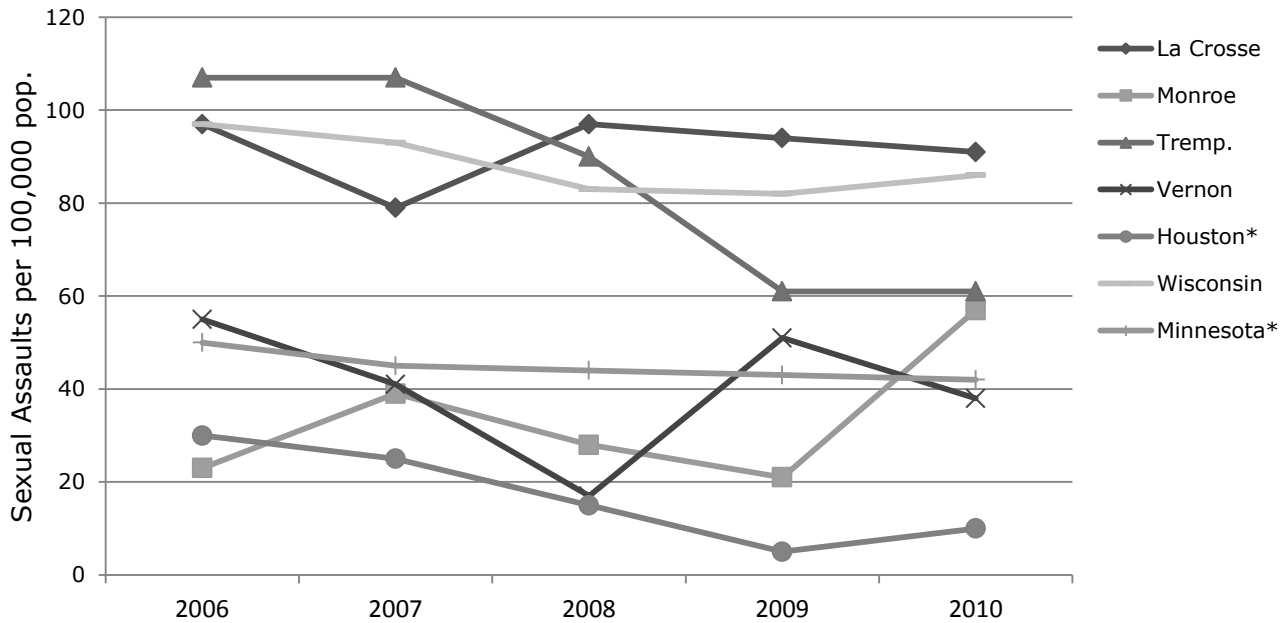


Source: Office of Justice Assistance-Crime Statistics; <http://oja.state.wi.us/>, Bureau of Criminal Apprehension Minnesota, Justice Information Services, 2006-2009 Uniform Crime Report

**Sexual assault** takes on many forms including attacks such as rape or attempted rape, as well as any unwanted sexual contact or threats. Some types of sexual acts which fall under the category of sexual assault include forced sexual intercourse (rape), sodomy (oral or anal sexual acts), child molestation, incest, fondling and attempted rape. Sexual assault in any form is often a devastating crime. Assailants can be strangers, acquaintances, friends, or family members. Sexual assault is the most underreported crime in America. Many factors contribute to under-reporting including shame and embarrassment, self-blame, fear of media exposure, fear of further injury or retaliation, and fear of a legal system that often puts the victim's behavior and history on trial (see **Figure 10**). Sexual assault rates have declined significantly in Trempealeau County since 2007. Vernon County sexual assault rates were low in 2008 (although their property crime rate was high that year). Monroe County had a significant increase in sexual assault rates from 2009 to 2010. In 2010, there were 159 sexual assaults reported in the Great Rivers region. The sexual assault rates for La Crosse County were higher than Wisconsin's rate overall.

**Note:** The difference in the rates between Minnesota and Houston County and Wisconsin and Wisconsin counties is partially explained by a difference in how the rates are reported.

**Figure 10: Sexual Assault Rates 2006-2010**



Source: Office of Justice Assistance-Crime Statistics; <http://oja.state.wi.us/>, Bureau of Criminal Apprehension Minnesota, Justice Information Services, 2006-2009 Uniform Crime Report. \*Houston County and MN state data includes forcible rape and attempted rape only. Statutory rape and other sex offenses are excluded.

**Domestic abuse** is legally defined at the state level and state law establishes procedures for restraining orders. Accurate domestic abuse statistics are difficult to obtain because abuses are largely underreported. Intimate partner violence includes physical violence, sexual violence, threats, and emotional abuse. A recently released national survey on intimate partner and sexual violence provides insight into the prevalence and characteristics of sexual violence, stalking, and intimate partner violence across the country, and at the state level. Significant findings for Wisconsin and Minnesota in the report include: 17.7% of women in Wisconsin and 22.2% in Minnesota have been raped in their lifetime; 41.3% of women in Wisconsin and 48.4% in Minnesota have experienced some form of sexual violence other than rape; 23.7% of men in Wisconsin and 22.4% in Minnesota have experienced some form of sexual violence other than rape in their lifetime.<sup>11</sup>

**Sex offenders** pose an ongoing risk of engaging in sex offenses even after being released from incarceration or commitment. By law, persons convicted of a sex offense have a reduced expectation of privacy because of the public's interest in safety. Sex offender registries publish the residential address of sex offenders under supervision and following the expiration of their sentence.<sup>12</sup> The

registries serve as a means of monitoring and tracking the whereabouts of sex offenders in the community. The Wisconsin and Minnesota Department of Corrections maintain sex offender registries. The state of Wisconsin ranks fifth in the country for the highest number of sex offenders per population while Minnesota has the least number of sex offenders of any state in the nation. However, it should be noted that sex offender registry guidelines are set by state law. The Wisconsin State sex offender registry includes all convicted persons of the registerable offenses included in statute (WI ss. 301.45) examples of registerable offenses in Wisconsin include rape, incest, 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> degree sexual assault, possession of child pornography and child enticement. Minnesota statute 244.052 establishes guidelines for assigning a level of risk to convicted sex offenders based on the risk to the public for re-offense by the sex offender. Minnesota law sets guidelines for public notice and limits public access of sex offender registries to level 3 (highest level) sex offenders. **Table 4** shows the number of sex offenders residing in the Great Rivers Region and the rate of sex offenders per 10,000. It is important to note that while the number of sex offenders is greatest in La Crosse, the rate of sex offenders registered in the community in Vernon and Trempealeau counties is double that of La Crosse County. There are no Level 3 sex offenders in Houston County, the number shown in Table 4 includes Level 1 and 2 sex offenders.

**Table 4: Number and rate of sex offenders in the region**

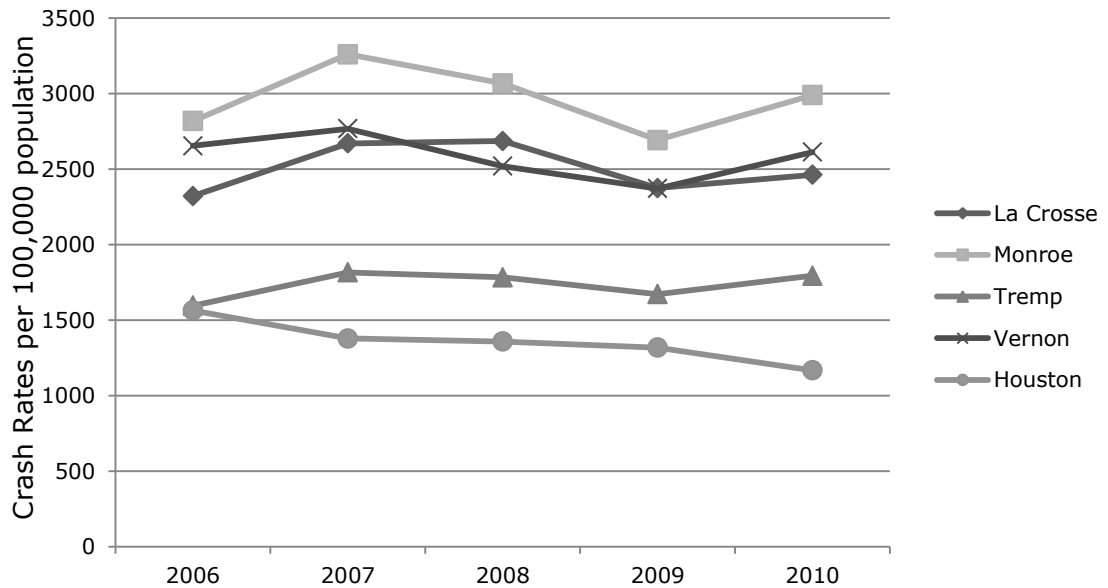
County	Number of registered sex offenders	Rate of sex offenders per 10,000
La Crosse	263	13.7
Monroe	122	21.3
Trempealeau	67	26.4
Vernon	66	27.2
Houston	16	8.2

Source: Personal communication, Paula Armentrout, State of Wisconsin Department of Corrections; Houston County Sheriff's Department.

Rates of **traffic crashes** for residents from 2006-2010 are shown in **Figure 11**. A traffic crash involves at least one motor vehicle and results in an injury or death to any person or damage to any property. Road-traffic crashes are responsible for more harm than all other forms of transportation combined. Traffic crashes are generally placed into categories such as fatal, injury, and property damage. Traffic crashes are caused by many things, including driver fatigue, driver intoxication, bad weather events, failure of brake or steering systems, slow driver reaction-time, and roadway obstructions. While La Crosse

County had the highest number of crashes, the rate per 100,000 was highest for Monroe County residents. Due to the rural nature of many of the roads and highways in the Great Rivers Region, many traffic crashes result in fatalities or serious injury.

**Figure 11: Traffic Crash Rates 2006-2010**



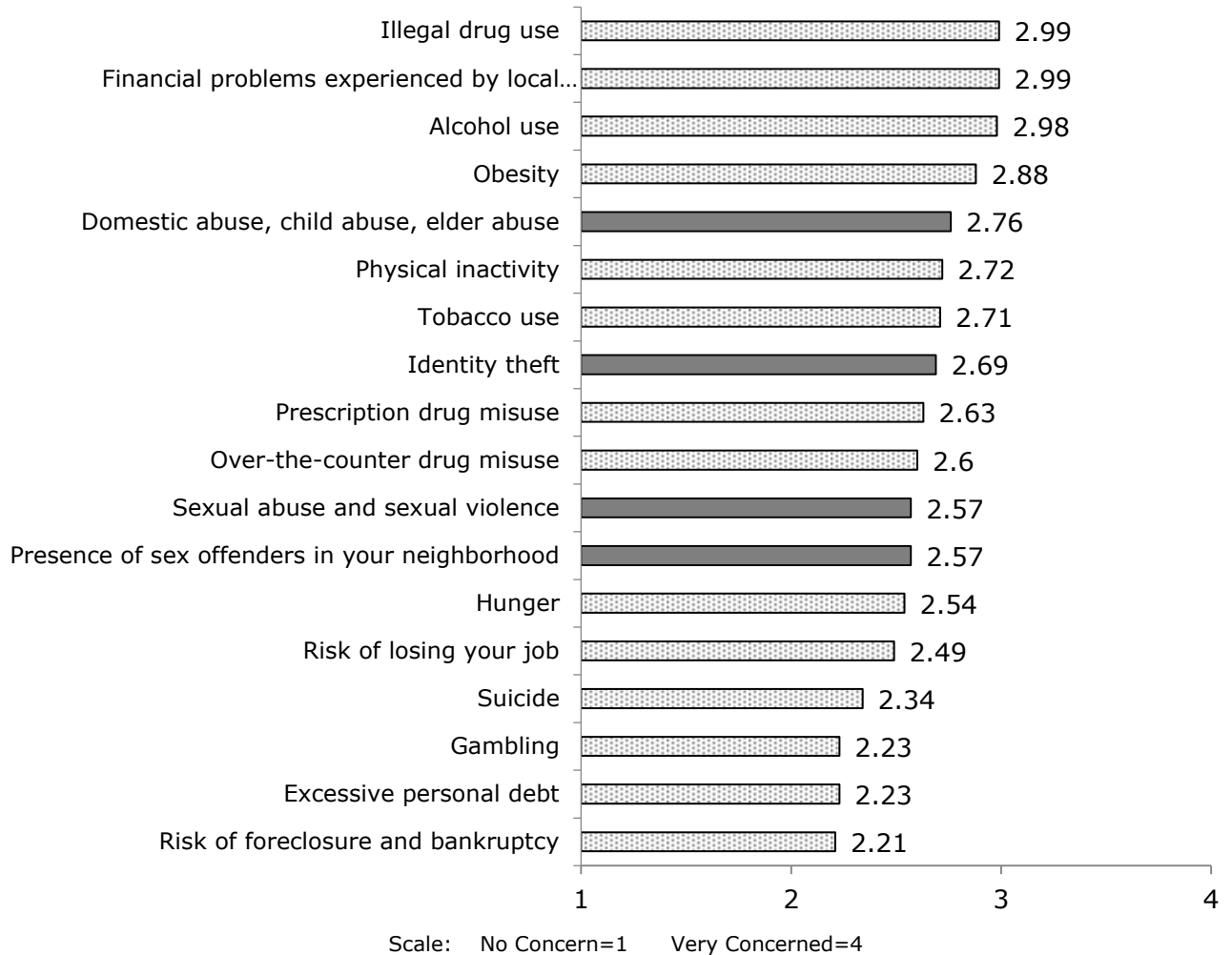
Source: Wisconsin Department of Transportation; <http://www.dot.wisconsin.gov/safety/motorist/crashfacts/docs/archive>  
 Minnesota Department of Public Safety; [www.dps.state.mn.us](http://www.dps.state.mn.us)

**How concerned are residents about safety?**

In the COMPASS NOW random household survey, residents were asked to rate a series of 18 concerns in the community. These results are shown in **Figure 12**. Of the concerns related to issues within this community section, abuse (domestic, child and elder abuse) and identity theft were rated in the top half. Sexual abuse and presence of sex offenders were ranked 11<sup>th</sup> overall as a concern. A comparison of issues by county is also shown in **Table 5**. There was little difference in ranking these concerns by county residents.



**Figure 12: Rating of Community Concerns about Safety**



Source: COMPASS NOW 2012, Random Household Survey

**Table 5: Ranking of Community Concerns by County Out of 18 Topics**

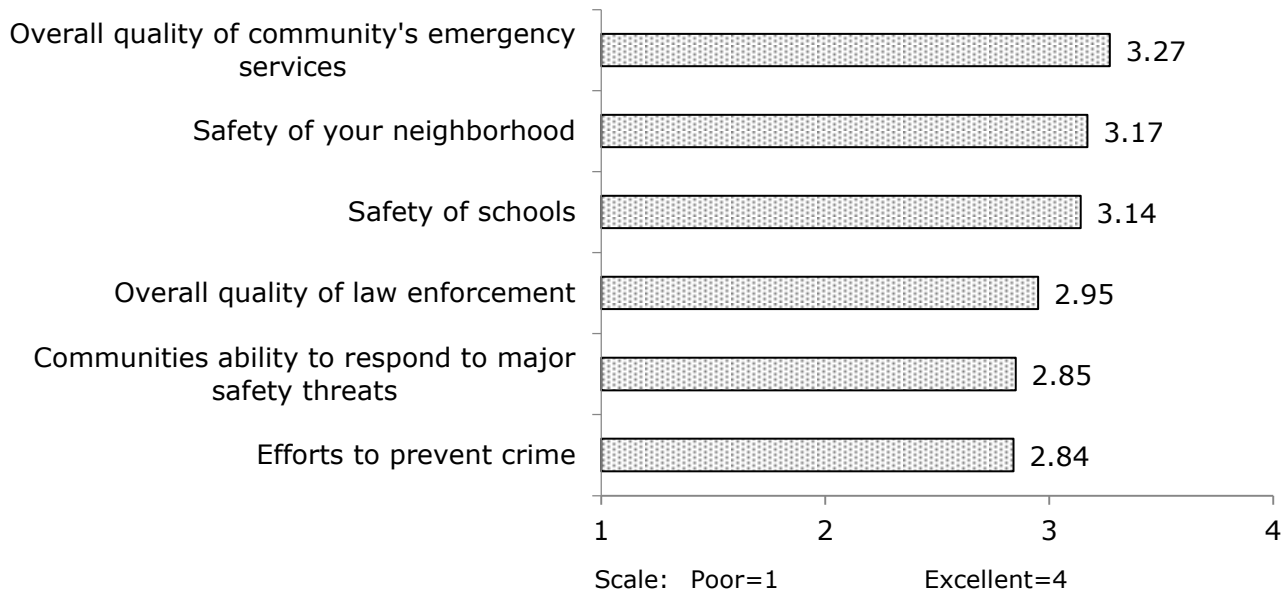
Risk Factor:	Region	La Crosse	Monroe	Tremp.	Vernon	Houston
Domestic abuse, child abuse, elder abuse	5	5	8	7	7	7
Identity theft	8	7	9	5	8	8
Sexual abuse, sexual violence	11	11	12	12	9	9
Presence of sexual offenders in your neighborhood	11	13	11	10	12	12

Source: COMPASS NOW 2012, Random Household Survey

**How people rate the safety of the community**

Respondents of the COMPASS random household survey were asked to rate the safety of their community including such things as the emergency and law enforcement services, safety of the school and neighborhood, the community’s ability to respond to safety threats, and overall efforts to prevent crime. Overall; residents rated the quality of the emergency services the best and efforts to prevent crime as the worst. The results are shown in **Figure 13**. Residents from all counties rated the safety of schools similarly. Houston, Trempealeau and Vernon County residents rated the safety of their neighborhoods better than La Crosse County residents; although La Crosse County residents rated the quality of law enforcement better. The quality of the community’s emergency services were rated the highest in La Crosse and Houston counties.

**Figure 13: Rating of quality of public safety in the community**



Source: COMPASS NOW 2012 Random Household Survey

**Summary:** Property crimes rates and violent crime rates are highest in La Crosse County. The sexual assault rate for La Crosse County is higher than the state average. Monroe County has a high rate of traffic crashes.

## Care for vulnerable populations

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The young and the elderly can be considered vulnerable populations. A community can be evaluated on how it cares for these vulnerable populations. All people need a place to live and to call home, no matter what their age. A good quality of life depends on a housing supply that meets the demands of an increasing aging population. There are a variety of options for **senior living**. These can include senior apartments, a family household, living alone, and assisted living facilities. Independent living or senior apartments are designed specifically for independent senior adults who want to enjoy a lifestyle filled with recreational, educational, and social activities with other seniors. These facilities are designed for people who can live on their own but want the security and/or convenience of community living. Public Housing Authorities manage housing options for the elderly as well for the disabled and low-income families. Limited options for a growing population often lead to housing projects losing their intended purpose. Assisted living facilities can be a free-standing part of a continuing care community that provides independent, assisted and nursing care affiliated with a nursing home. Assisted living facilities are often specialized services brought into independent retirement communities. It is difficult to gauge adequacy of housing opportunities in our communities since the occupancy rates can vary daily for some types of facility.

According to national data collected in 2010 by the US Census Bureau, 58.1% of two-parent families have both parents employed.<sup>13</sup> Although a variety of **childcare** options may exist, quality childcare that is affordable may be difficult to find. The cost of childcare varies depending on the type of childcare setting, age, and number of children, and whether the childcare provider is certified, licensed, or unregulated. State government subsidies for regulated childcare may be available for families with a gross income at or less than 185% of the poverty level. Childcare needs become more challenging and more costly for families with multiple children and during summer months. Part time childcare can sometimes be difficult to find. There is also no childcare option for sick children in the Great Rivers Region. The rate of available regulated (certified and licensed) childcare slots has decreased each year (see **Table 6**).

### In Focus

Housing and support services for the elderly were important issues raised in COMPASS Now focus groups. Participants emphasized the need for meal sites and senior centers and stressed an increasing need for assisted living facilities in the county. Participants in Hillsboro expressed a need for a nursing home in their area.

COMPASS NOW 2012  
Focus Group Report

**Table 6: Certified and Licensed Childcare Slots per 1,000 children ages 0-7 (2006-2009)**

	2006	2007	2008	2009
La Crosse	139.6	111.3	100.3	94.8
	434.2	372.0	364.3	361.9
Monroe	65.4	56.3	49	38.2
	154.5	138.7	124.1	127.4
Trempealeau	201	130.5	117.3	89
	254.6	209.4	225.3	221.0
Vernon	49.8	44	38.5	32.4
	138.5	112.2	122.6	106.0

Source: KIDSCOUNT Data Center, <http://datacenter.kidscount.org/>  
Note: Top number equals certified slot rate, bottom number equals licensed slot rate, Houston County data was not available

The average weekly cost for childcare varies by age (see **Table 7**). Wisconsin and Minnesota rank in the top 10 most expensive states for childcare according to a 2010 study by the National Association of Child Care Resource and Referral Agencies.<sup>14</sup> The report indicated that full-time care for an infant in the average Wisconsin child care center, was \$10,520 per year (ranking 10<sup>th</sup>), and \$13,650 per year, for care in a Minnesota childcare center (ranking 3<sup>rd</sup>). Additionally, the report found that Minnesota ranked 3<sup>rd</sup> and Wisconsin 4<sup>th</sup> most expensive when the cost of center-based care for a 4-year-old is considered. The U.S. Department of Health and Human Services recommends that parents spend no more than 10% of their family income on child care.<sup>15</sup> The study reported that daycare was more expensive in larger, more urban communities compared to rural communities. It also concluded that the cost and quality of daycare was directly related to future academic achievement for children of all economic levels.

**Table 7: Average Weekly Cost for Licensed Center and Licensed Family Care**

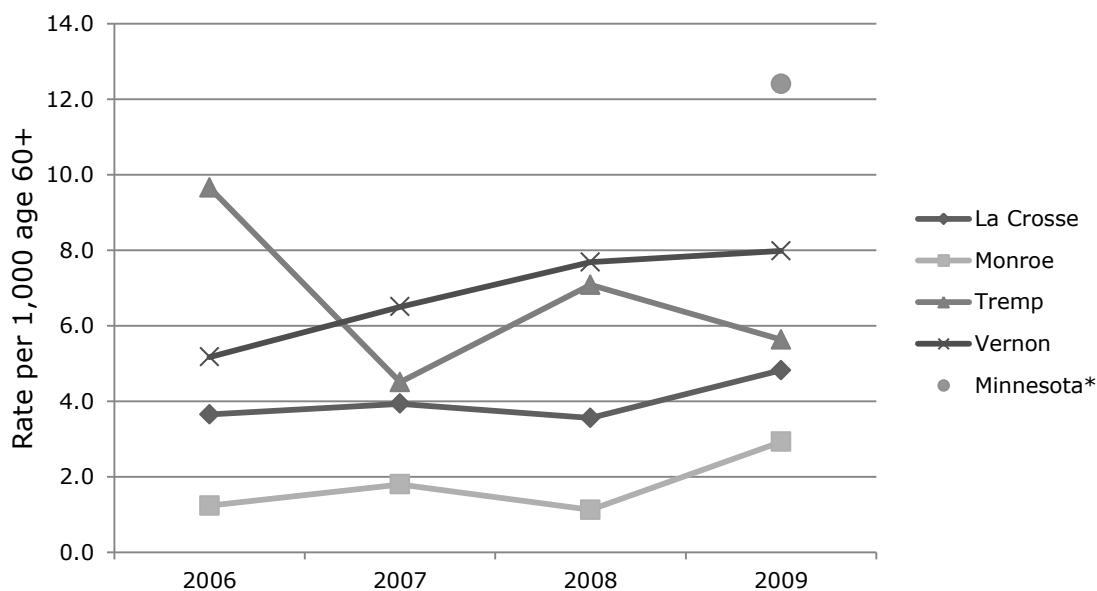
	Infant (0-2)	Toddler (2-3)	Preschool (4-5)	School Age (6+)
La Crosse	\$152.80	\$132.78	\$132.78	\$132.78
Monroe	\$138.58	\$119.00	\$119.00	\$119.00
Trempealeau	\$128.50	\$112.75	\$112.75	\$112.75
Vernon	\$130.35	\$117.16	\$117.16	\$117.16
Houston	\$122.57	\$123.90	\$118.00	\$108.46

Source: [http://www.naccrra.org/docs/Cost\\_Report\\_073010-final.pdf](http://www.naccrra.org/docs/Cost_Report_073010-final.pdf), Minnesota Department of Human Services. Note: Average is based on 2010 rates.

## Abuse of Vulnerable Populations

Wisconsin law defines **elder abuse** as occurring when any person at or above the age of 60 has been subjected to any of the following four categories of abuse: physical abuse; material exploitation; neglect; and self-neglect. The National Center on Elder Abuse had expanded this to include sexual abuse, emotional abuse and abandonment. Reporting elder abuse is voluntary and not required by medical professionals or other service providers. If an elderly person is legally competent, he or she may refuse an investigation. Shame, fear and not knowing how to get help may result in an underreporting of elder abuse. Rates of elder abuse are shown in **Figure 14**. The rate of elder abuse was highest for Vernon County residents and lowest for Monroe County, although Trempealeau County had a high rate in 2006.

**Figure 14:** Elder Abuse Reports, 60+ years (Rate per 1,000)

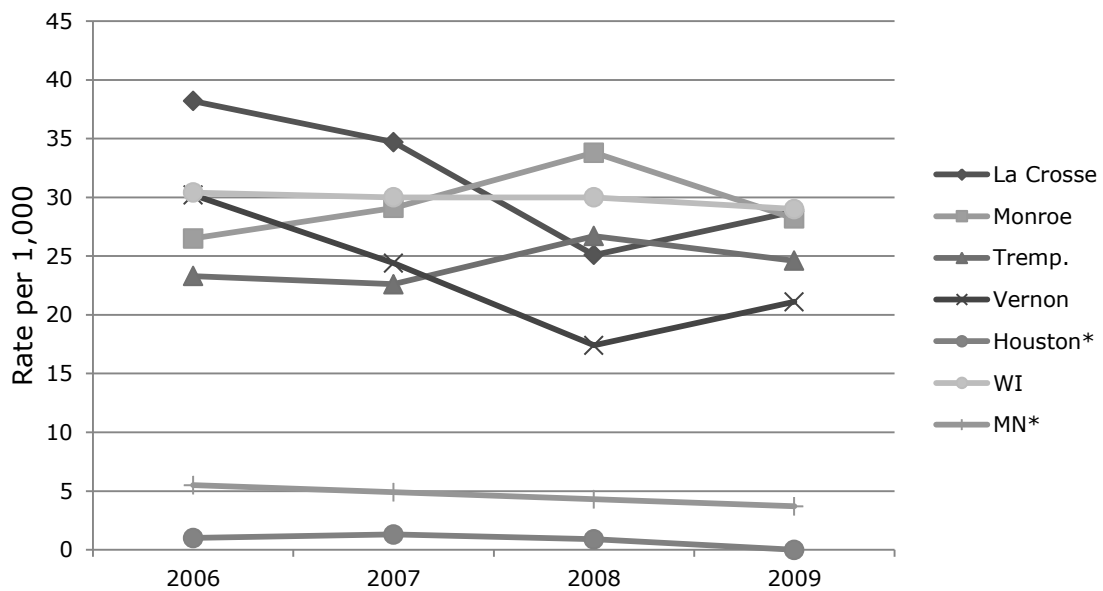


Source: Wisconsin Department of Health Services, Bureau of Aging and Disability Resources, Houston County data available, state rate is provided as a reference point. Data was only available for 2009.

In the United States, the Centers for Disease Control and Prevention (CDC) and the Department of Children and Families (DCF) define child maltreatment as any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child.<sup>16</sup> Child abuse can occur in a child's home, or in the organizations, schools or communities the child interacts

with. There are four major categories of child abuse: neglect, physical abuse, psychological/emotional abuse, and child sexual abuse. According to the National Committee to Prevent Child Abuse, in 1997 neglect represented 54% of confirmed cases of child abuse, physical abuse 22%, sexual abuse 8%, emotional maltreatment 4%, and other forms of maltreatment 12%.<sup>17</sup> The rate of child abuse and neglect reports for areas in the Great Rivers Region is shown in **Figure 15**. The significant difference between Wisconsin and Minnesota data is due to how the data is reported. Wisconsin data reports alleged claims of abuse and neglect while Minnesota data only shows substantiated abuse. Substantiated abuse means that the county has conducted an assessment in response to a report and found that maltreatment occurred. The social problem of child abuse and neglect in our society presents many challenges. The effects of child abuse have long-term impact on the victim and on society.

**Figure 15: Child Abuse and Neglect Reports (rate per 1,000)**

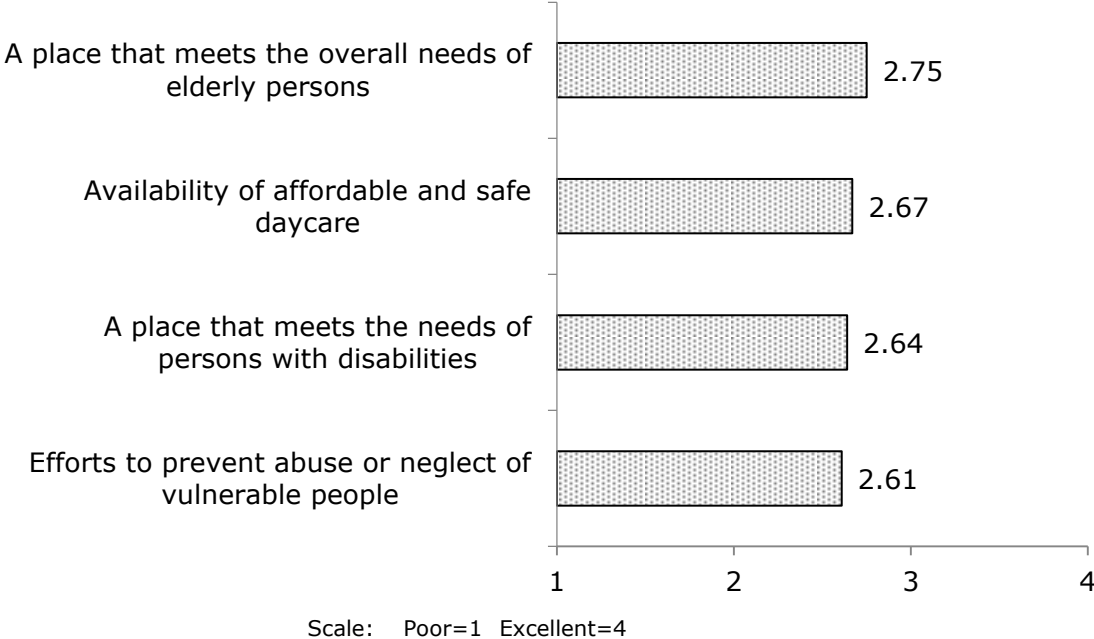


Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, [datacenter.kidscount.org](http://datacenter.kidscount.org), MN and Houston County Data only includes substantiated claims of abuse.

**How people rate the care for the vulnerable population**

Respondents of the COMPASS NOW random household survey were asked to rate several items related to the community’s care for vulnerable populations. These items included: a place that meets the needs of the elderly; a place that meets the needs of persons with disabilities; availability of affordable and safe daycare; and efforts to prevent abuse or neglect of vulnerable people. Overall residents rated these items fairly low. The rating for meeting the needs of the elderly was the highest and efforts to prevent abuse of vulnerable people was rated the lowest (see **Figure 16**). Residents in Houston and La Crosse counties rated daycare higher than did residents of Vernon County. Trempealeau County residents rated the community as a place that meets the needs of persons with disabilities lower than all other county residents. Overall, those respondents with children living in the household rated availability of affordable and safe daycare statistically lower than those respondents without children. Elderly rated their community better than younger respondents on meeting the needs of the elderly, as well as prevention abuse of vulnerable populations.

**Figure 16: Rating of care for the vulnerable population in the community**



Source: COMPASS NOW 2012, Random Household Survey

**In their own words:**

"I live in Stoddard. We have a great community, a lot of caring people. We help one another out."

"I am retired and my neighborhood and friends watch out for me. I have never had any trouble when I needed help."

"I have always felt fortunate to have raised my family in such a wonderful community. Of course we have problems, but there have always been many caring, involved people willing to volunteer their services expertise and time wherever it is needed."

COMPASS NOW 2012  
Random Household Survey Comments

**In Focus**

Another area of concern raised in COMPASS NOW focus groups was the lack of awareness in the community about the needs of the elderly. Several participants felt there was a disconnect in the general population about the issues facing the elderly and expressed concern over increasing elder abuse. The need for more education and rehabilitation opportunities for the aging was emphasized and ideas to promote senior involvement in schools to create rich inter-generational learning opportunities were also identified.

COMPASS NOW 2012  
Focus Group Report

**Summary:** Communities within the Great Rivers Region are generally viewed as "caring communities". Elder abuse and child abuse are underreported.

**Opportunities to enhance the culture/quality of life**

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Many of the qualities discussed in this report have an impact on the quality of life for citizens. In order for the community to attract and keep citizen happy and thriving, it is important for the community to offer a variety of cultural opportunities that can enhance the quality of life.

Within the Great Rivers Region there are over 8 movie **theaters** and 9 live theater venues for music, arts, and theater performances. In addition, most school districts have at least one theater performance each year as well, increasing the number of fine arts available to its residents.

In a society where lifelong learning is valued, public **libraries** play an important fundamental role. Public libraries provide educational and cultural opportunities and experiences for people of all ages. Libraries provide a variety of activities and a range of reading materials to accommodate diverse learners and learning styles. Libraries play an important role in supporting childhood education through creative and fun summer reading programs for children and young people. Public libraries also offer guidance and training in information search.

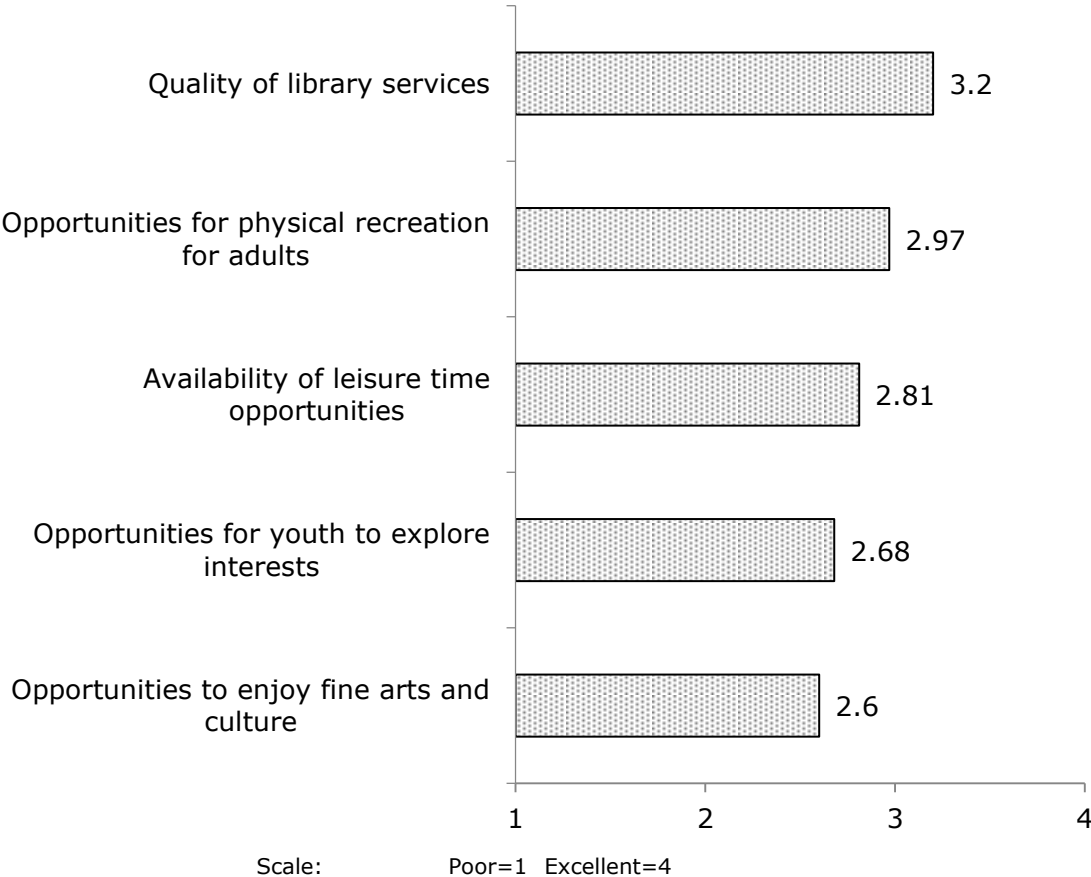
Funding for public libraries comes mainly from local, county, state, and federal sources. Adequate funding for public libraries enhances the quality of life in a community and also allows the library to offer programs, services, and updated collections. In challenging economic times, public libraries offer important cost saving services such as free Internet and computer access, and traditional circulated items such as books, DVDs, videos, and audiocassettes. Library services are difficult to measure in part because their benefits are often intangible. The amount of library materials circulated is an indication of utilization but does not fully measure library service usage.



**How people rate the quality of leisure time opportunities**

Respondents of the COMPASS NOW random household survey were asked to rate several items related to the community’s perception of leisure time opportunities in the community (see **Figure 17**). The quality of library services rated the highest of items asked; opportunities to enjoy fine arts and culture rated the lowest. Residents from La Crosse County rated all of these items higher than all other county’s residents.

**Figure 17: Rating of quality of leisure time opportunities in the community**



Source: COMPASS NOW 2012 Random Household Survey

**Summary:** The Great Rivers Region is felt by many of its residents to be rich in cultural, arts, and educational opportunities.

## Key Issues to Address:

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### In their own words

"We intentionally moved to Viroqua almost 2 years ago because we liked the diversity and cultural aspects of the community. It has proved to be a wonderful place to raise a family.

"There is something for everyone here. I love this community."

"La Crosse has been a quality city to grow up in and raise a family of my own... Now as a senior citizen, I am availing myself of the many cultural events and I am proud to call La Crosse home."

"The theatrical life and its diversity should be widely known and celebrated. And the inter-library loan service is reason enough to live in Wisconsin."

COMPASS NOW 2012  
Random Household  
Survey Comments

Based on this COMPASS NOW Community Profile, results of the focus group and random household survey, and personal knowledge of the COMPASS Leadership Team, the following 9 issues were examined and scored to determine the issues of greatest concern:

- Child abuse
- Childcare
- Crime
- Cultural opportunities
- Elder abuse
- Food availability
- Natural environment
- Senior Housing
- Transportation

The Compass Now Leadership Team determined the following 3 issues to be the main key community issues for the Great Rivers Region (in alphabetic order):

- Childcare
- Food availability
- Transportation

Issues that were determined to be emerging or areas to watch included:

- Senior Housing

It is important to note that some of the issues above were important to individual counties, but did not rise to the top when all ratings were examined.

### In Focus

Issues related to quality of life were discussed by residents who participated in COMPASS Focus Groups. Common themes were related to the impact on quality of life due to cuts to Park and Recreation programs, reduced public safety measures, or to garbage pick-up.

COMPASS NOW 2012  
Focus Group Report

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- 
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# Appendix

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# Random Household Survey Report

## Introduction

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The COMPASS NOW 2012 community needs assessment included a random household survey to complement the data collected via focus groups and socio-economic indicators. The objective of the household survey was to increase the understanding of the community's needs and their perception of the main challenges facing the region.

## Methodology

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The COMPASS NOW household survey was developed and tested by a team of research experts in 2007. The same survey was used in 2011 with minor changes to allow for comparison. Some questions were added in 2011 to collect data on emerging issues. The survey included 90 items with questions covering major areas of community life including: health, income and the economy, public safety, care giving, education and lifelong learning, community environment, and community concerns. The majority of the survey questions asked respondents to rate certain aspects of their community. Each question had a 4-level response scale where 1 = poor, 2=fair, 3=good, and 4=excellent. There was no undecided, neutral middle or an 'I don't know' response.

The survey was mailed to 5,000 randomly selected households from La Crosse, Monroe, Trempealeau, Vernon, and Houston counties that make up the Great Rivers Region. A mailing service was used to draw the sample and manage the mailing list. The number of surveys mailed in each county was proportional to the number of households in the county. The surveys were also sent proportionately to the male head of household and the female head of household according to the male/female distribution in each county. **Table 1** shows the geographic distribution of the household survey and response rate for each county.

Each randomly selected household received a postcard one week in advance to inform the recipients about the COMPASS NOW community needs assessment and encourage their participation in the forthcoming survey. The postcard also explained that the survey was available online via a Survey Monkey link. The 8-page survey included a cover letter explaining the purpose of the survey and the confidentiality of participating, a return envelope and a drawing ticket for a free \$500 gift card to any grocery store in the region. The only requirement for entering the drawing was to return a completed survey. Two-weeks

after the survey was mailed, a reminder post card was sent to the entire sample to remind them to return the survey.

**Table 1: Random Household Survey Sample**

<b>County</b>	<b># of Households Received Survey</b>	<b># of Households Returned Survey*</b>	<b>Response Rate</b>
<b>La Crosse</b>	2416	515	21%
<b>Monroe</b>	894	167	19%
<b>Trempealeau</b>	621	139	22%
<b>Vernon</b>	627	159	25%
<b>Houston</b>	442	114	26%

Note: 12 surveys were returned without county identification.

### **Profile of the Respondents**

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The random selection of the household sample ensured that every household in the region had an equal chance of being selected to receive a survey. We compared the demographics of the survey respondents to US Census data to see how similar or different the sample was to the population in the region. In general, we found that the survey sample was representative of the Great Rivers Region with a few limitations.

Compared to the general population of the Great Rivers Region, the survey sample had more female respondents than male respondents. Sixty-seven percent of the survey respondents were female and 33% were male compared to the general population where women and men are represented equally. The age range of the respondents was 18-97. The median age was 59 which is considerably older than the median age of the Great Rivers Region. These differences between the sample and the general population did not surprise the COMPASS team as it has been our experience that older adults tend to fill out surveys more so than younger adults and women also tend to fill out surveys more so than men. We found that even though surveys were addressed to a male householder, female householders still tended to be the one who filled the survey.

Ninety-eight percent of the survey respondents were Caucasian compared to about 94% of the general population in the region who is Caucasian. Forty-nine percent of the respondents had been living in the community for 10 years or more and 30% have lived in their community their entire life. A majority of respondents owned their home (81.5%) relative to respondents who were renters. By

comparison 70% of the Great Rivers Region are home owners. Twenty-four percent of respondents had dependent children living at home compared to the regional average of 29%.

The educational attainment of the respondents tended to be higher than that of the general population. Among the respondents, 26% had a high school diploma, 30% had vocational school training or some college, and 36% were college graduates or had post graduate training. According to US Census by comparison, 35% of the Great Rivers Region has a high school diploma, 32% has an associate’s degree or some college and 23% have a bachelor’s degree or higher.

The last demographic question in the survey asked respondents to state the range of their household income. **Table 2** shows how closely matched with regard to income the survey sample was to the general population.

**Table 2: Household Income**

Household Income	Percentage of Survey Sample	Avg. Percentage Regional Population*
Less than \$10,000	6.7	6.6
\$10,000-\$25,000	22.2	18.5
\$25,001-\$50,000	30.2	27.6
\$50,001-\$75,000	20.5	21.5
\$75,001-\$100,000	13.2	13.1
Over \$100,000	7.3	12.7

\*Based on ACS 2005-2009 estimates US Census.

**Data Collection and Analysis**

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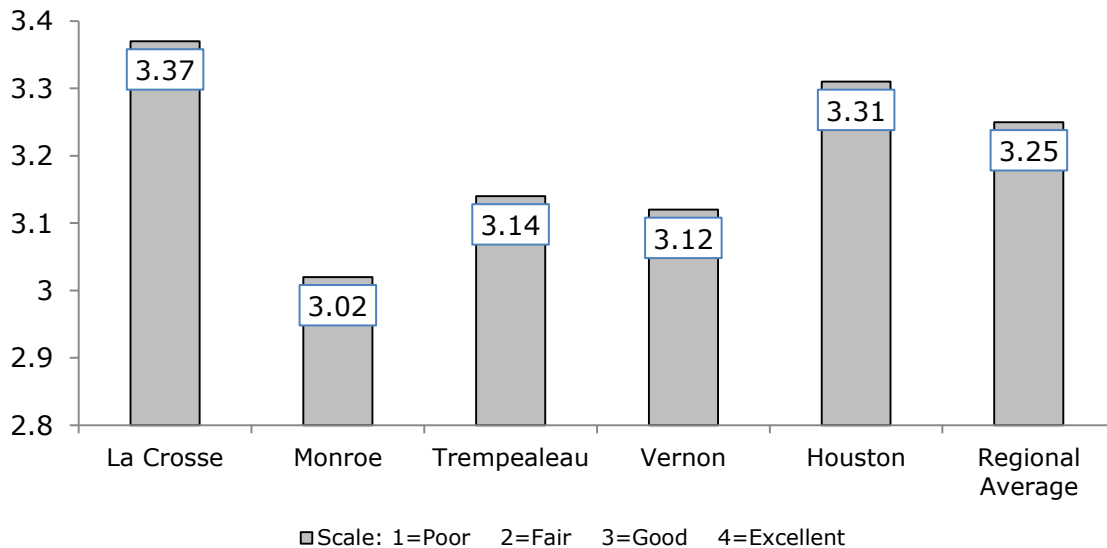
The household surveys were mailed out on February 25, 2011. Respondents were asked to return their survey in the enclosed postage paid self-addressed envelope by April 1. Survey responses were entered into a secure Survey Monkey data entry site and then transferred into SPSS for data analysis. The data was analyzed in aggregate and disaggregated by county. Data analysis was also carried out by particular demographic characteristics such as age, income level, and in a few instances education. Frequencies and mean scores for each survey item were calculated. Based on the calculated mean scores, survey items were ranked for discussion. County differences in mean scores were tested for significance in order to make inferences about a variety of issues at the regional and county level.

**Results**

A total of **1106 surveys** were returned for a total response rate of 22%. Twelve respondents did not identify which county they lived in. Fifty-one surveys were completed online. The response rate for this COMPASS NOW survey was considerably higher than it had been in 2007. The higher response rate not only increases the participation of the community in the assessment process but also increases the validity of the survey results.

Before starting on the issues sections of the survey, respondents were asked in which county they lived and were asked to rate their community as a place to live. For the purposes of the survey, community was defined as the place where you live, work, and spend most of your time. Overall, respondents rated their communities highly, La Crosse and Houston counties were rated the highest and Vernon and Monroe counties were rated the lowest (see **Figure 1**).

**Figure 1: Thinking of the area in which you live and work, how would you rate the area as a place to live?**

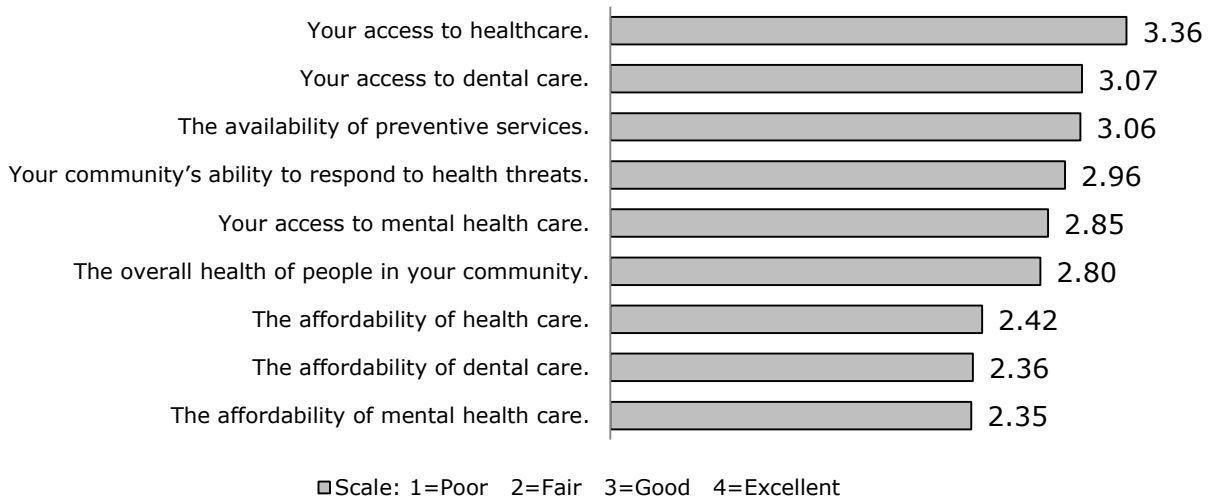




**Health**

The first section of the survey asked participants to rate their community with respect to a variety of aspects of health. **Figure 2** shows the mean scores for 9 items included in this section.

**Figure 2: Perception of health aspects within the community**



- The highest rated item in the health category was **access to healthcare** followed by **access to dental care**, with a mean score of 3.36 and 3.07 respectively. The **availability of preventative services** was rated just as high as access to dental care. Overall, 47.5% of survey respondents rated their access to healthcare as excellent in their community, 40% indicated it was good, 9% rated it fair, and 2% rated access as poor. Of the 5 counties, La Crosse respondents rated their access the highest with a county mean score of 3.57 and Trempealeau rated their access to healthcare the lowest with a score of 3.02. Older respondents tended to rate their access to healthcare higher than younger respondents. Respondents with lower income levels tended to rate their **access to health care, dental care and mental health services** lower than those respondents with higher incomes.
- The lowest rated items in the health section were all related to the **affordability of healthcare, dental care and mental health care** which raises the question of how can healthcare be perceived as accessible if it is also perceived as not affordable. Fifty-one percent rated the affordability of healthcare as fair or poor, 54% rated the affordability of dental care as fair or poor, and 51% rated the affordability of mental

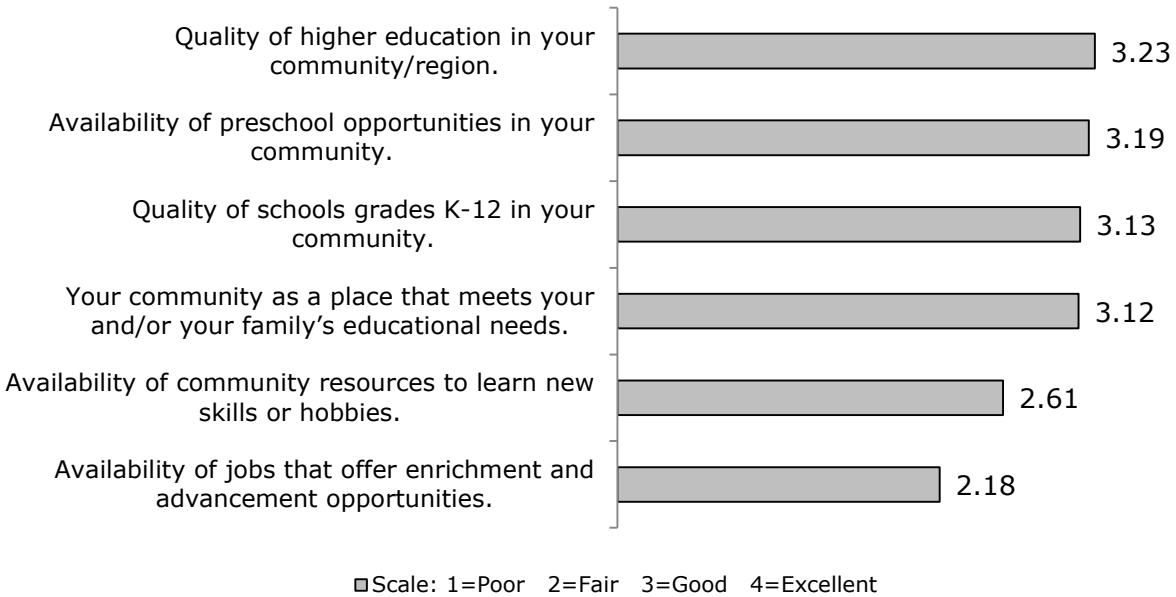
healthcare as fair or poor. Respondents with lower income levels tended to rate health care, dental care, and mental health care less affordable.

- The **community's ability to respond to health threats** was ranked fourth, and was rated good or excellent by 76% of the survey respondents (57% good, 19% excellent).
- Seventy-five percent of survey respondents rated the **overall health of the people of their community** as excellent or good. Houston County residents rated the people in their community healthier than the average, while Monroe and Vernon County residents rated the people in their community as a bit less healthy than the average. Older respondents rated the overall health of people in the community statistically better than did those respondents who were younger.

**Education and Lifelong Learning**

Another section of the household survey asked respondents to rate 6 aspects of education and lifelong learning in their community (see **Figure 3**).

**Figure 3: Perceptions of Lifelong Learning in the Community**



- Respondents rated the **quality of higher education in their community/region** and the **availability of preschool opportunities** the highest giving these items statistically equal scores of 3.23 and 3.19 respectively. Overall, 40% indicated that the quality of higher education in their community was excellent, 43% gave it a good rating, 12% fair, and 3% rated higher education as poor. It was not surprising that respondents with dependent children were more likely to rate the availability of preschool opportunities higher than those without dependent children.
- The **quality of schools grades K-12** was the third rated item with a mean score of 3.13. Of all the counties, respondents from La Crosse gave the highest score to the quality of schools in their community. However, respondents from Monroe, Trempealeau, and Vernon gave the quality of schools in their communities the second highest ranking out of all 6 items.

- The rating for a **community as a place that meets a family's educational needs** was ranked fourth; however, 82% of the respondents ranked the item as good or excellent (52% good, 30% excellent).
- The **availability of community resources to learn new skills or hobbies** ranked near the bottom in every county with an average rating of 2.61. Respondents from Trempealeau gave this item the lowest score of 2.23.
- The lowest rated item in this section and for respondents in every county was the **availability of jobs that offer enrichment and advancement opportunities**, with an average rating of 2.18. Sixty-five percent of the respondents rated the item as fair or poor. Respondents with lower incomes tended to rate this item lower.

### **Income**

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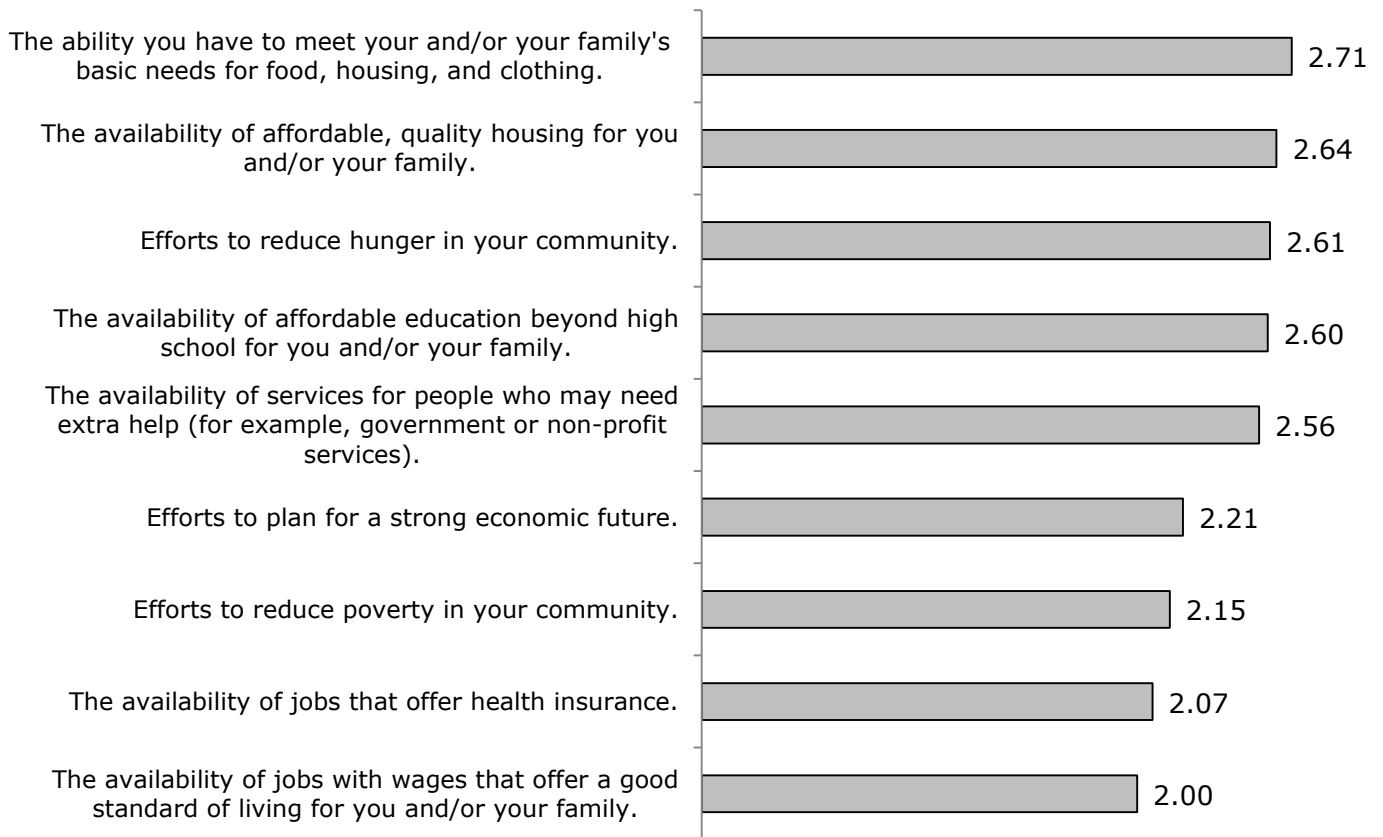
In the next section of the survey, respondents were asked to rate their community with respect to 11 items related to economic life in their community (see **Figure 4**).

- The highest rated item in the income category was the **ability to meet their family's basic needs for food, housing, and clothing**. The mean score for all counties was 2.71, with 65% of the respondents rating the item as excellent or good. However this item varied by income level. As respondent income levels decreased their rating of their ability to meet their basic needs decreased as well.
- The next three items rated in the income category were statistically rated the same. These were: the **availability of affordable and quality housing, efforts to reduce hunger,** and the **availability of affordable education beyond high school for you and your family**. These items were also highly rated throughout the 5 counties. However, as respondent income levels decreased, the rating of the availability of affordable education beyond high school also decreased.
- Of all the items in the income section, **efforts to reduce poverty, availability of jobs that offer health insurance,** and **availability of jobs with wages that offer a good standard of living** were rated the lowest. Sixty-five percent of respondents rated efforts to reduce poverty as fair or poor, 69% rated the availability of jobs that offer health insurance as fair or poor, and 73% of the respondents rated the availability

of jobs with wages that offer a good standard of living as fair or poor.

- The **availability of services for people who may need extra help** was ranked right in the middle of all the income issues. A slight majority of respondents rated their community as good or excellent (46.6% and 7.6% respectively) in this regard. Every county except La Crosse rated their community in the second quartile. In comparison to the other economic issues La Crosse respondents rated their community lower in this regard.

**Figure 4: Perception of economic aspects of the community**

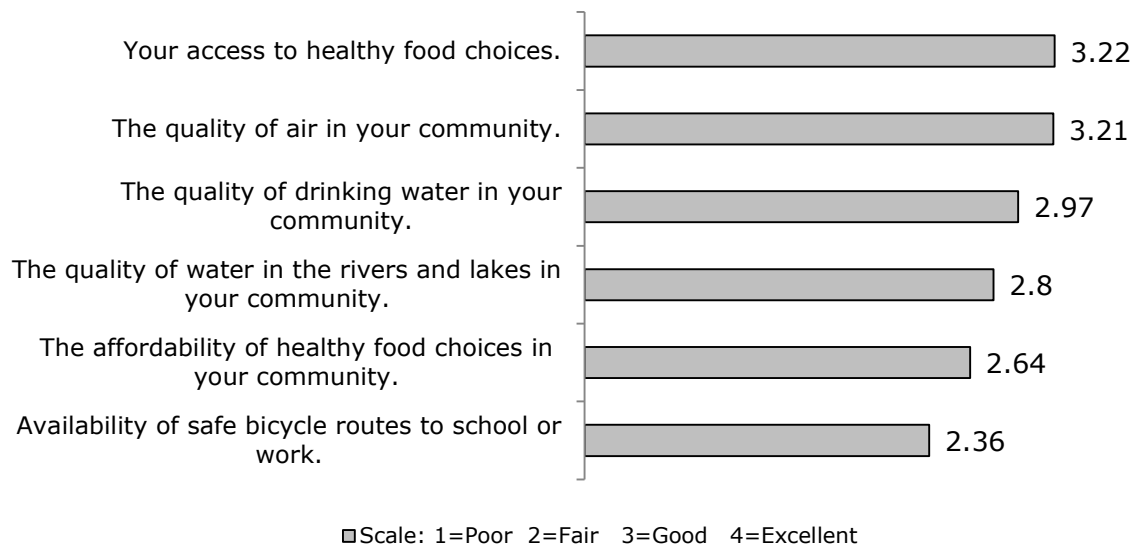


Scale: 1=Poor 2=Fair 3=Good 4=Excellent

## Community Life

Several survey items asked respondents to rate various aspects related to quality of life in their community (see **Figure 5**). The following six items refer to food, air, water, and bike routes.

**Figure 5: Perceptions about the built environment**



- **Access to healthy food choices** was rated the highest, with an overall rating of 3.22. 83% of the respondents rated the item as excellent or good. However, respondents rated the **affordability of healthy food choices** much lower with an overall score of 2.64. Forty percent of respondents rated affordability of healthy food choices in your community fair or poor. Older respondents tended to rate their communities higher than younger respondents in this regard but respondents in each county similarly gave lower ratings to affordability of healthy food than to accessibility of healthy food, raising the question if healthy food is considered unaffordable is it really accessible?
- The **quality of air in your community** was rated statistically the same as access to health food choices sharing the highest rating among quality of life items. Every county except La Crosse rated their community's air quality the highest. Overall, 88% of respondents rated their community's air quality as good

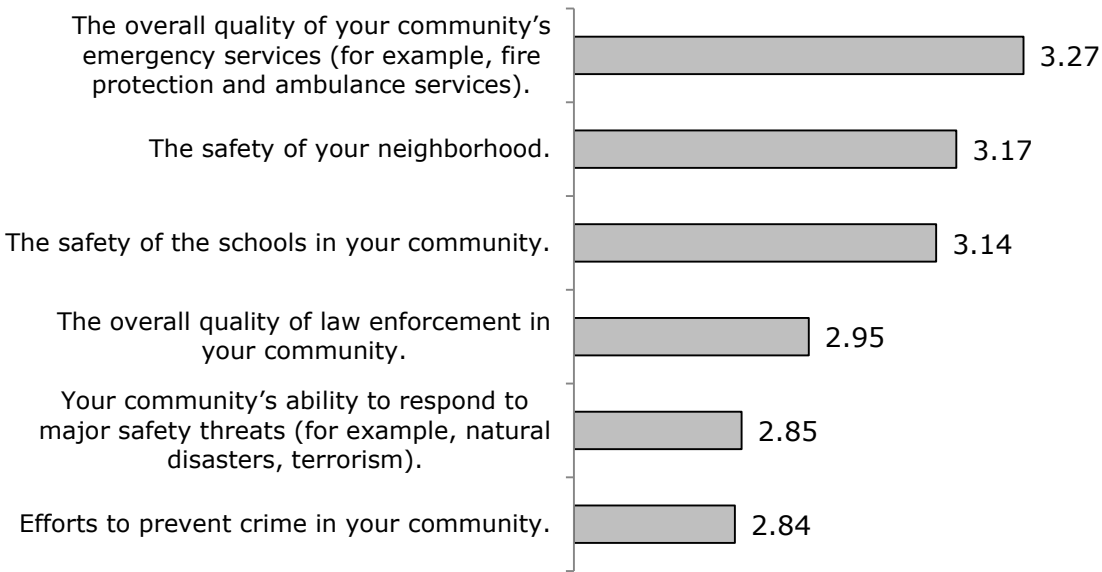
or excellent. The **quality of drinking water** was rated somewhat lower with an overall rating of 2.97, 75% of respondents rated the quality of the drinking water in their community as good or excellent. Only 66% percent of respondents rated the **quality of water in the rivers and lakes** in their community as good or excellent.

- The **availability of safe bicycle routes to school or work** was rated the lowest overall and in every county. Trempealeau and Vernon counties gave this item the lowest average scores with 2.14 and 2.07 respectively.

### Public Safety

The COMPASS household survey also asked respondents to rate their communities with regards to various aspects of public safety (see **Figure 6**). Overall respondents rated the Great Rivers Region highly with regards to public safety issues.

**Figure 6: Perceptions of Public Safety**



Scale: 1=Poor 2=Fair 3=Good 4=Excellent

- The highest rated item with regards to public safety was the **overall quality of your community's emergency services, such as fire protection and ambulance services**. Overall, 89% of respondents rated the emergency services in their community as either good or excellent.
- The **safety of your neighborhood** received the second highest rating with an overall score of 3.17. Respondents from Houston County gave their communities the highest rating (3.25) with regards to safety of their neighborhood. Respondents in Monroe County rated the safety of their communities the lowest with a score of 3.02. However, less than 2% of respondents in Monroe County rated the safety of their neighborhood as poor and only 13% rated the safety in their neighborhood as fair. Overall we found that lower income respondents had a lower perception of safety in their community.
- The **safety of the schools in the community** was also rated quite high with an overall rating of 3.14. Eighty-eight percent of respondents rated the safety in schools as either good or excellent. Respondents from Trempealeau and Vernon counties rated their school's safety the highest with scores of 3.18 and 3.19 respectively.
- Your **community's ability to respond to major safety threats (for example, natural disasters, terrorism)** was rated near the bottom with an overall rating of 2.85. Although this rating puts the item near the bottom, overall the ratings in this section were still high. Seventy percent of respondents rated their community's ability to respond to major safety threats as either good or excellent.
- Within the public safety section of the survey, **efforts to prevent crime in your community** was rated the lowest, with an overall rating of 2.84. Twenty-eight percent of survey respondents rated their community as fair or poor in efforts to prevent crime. Respondents in every county except Vernon County rated this item the lowest as well.



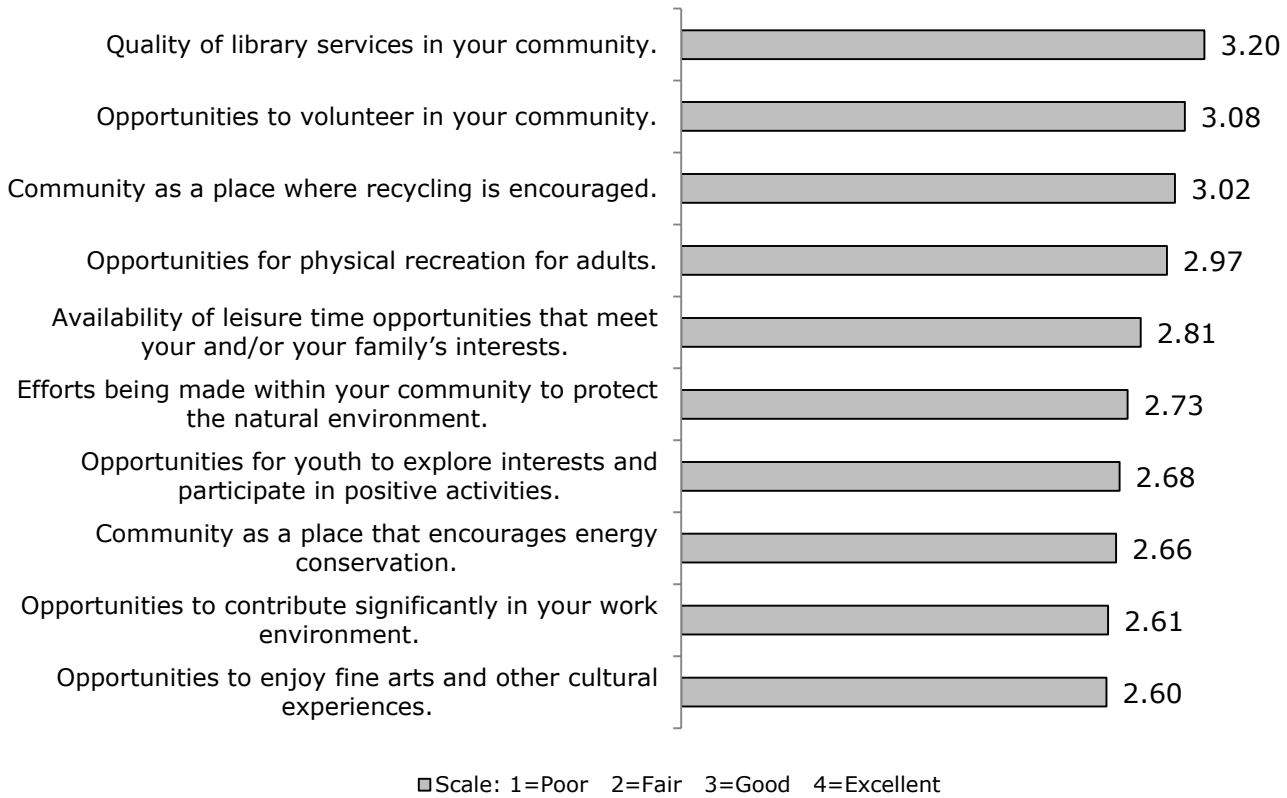
## Quality of Life

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Respondents were asked to rate various items related to the quality of life in their community (see **Figure 7**). These issues related to the opportunities available to volunteer, for leisure and cultural activities, the quality of library services and efforts of conservation and recycling.

- The three highest rated items in this quality of life section were the **quality of library services in your community, opportunities to volunteer in your community, and your community as a place where recycling is encouraged**. Overall, 85% of respondents rated the library services in their community as excellent or good. Eighty-one percent of respondents rated opportunities to volunteer in your community as good or excellent, and 78% rated their community as good or excellent with regards to recycling being encouraged. All counties rated these items in their top three with exception of La Crosse County respondents who gave a higher rating to opportunities for physical recreation and family leisure time. Houston County rated their community the highest with regards to encouraging recycling.
- Other items rated in the top half were **opportunities for physical recreation for adults** and the **availability of leisure time opportunities for your family's interests**. Only respondents from Trempealeau rated these items in the bottom half of the items.
- The lowest rated items in this quality of life section were **opportunities to contribute significantly in your work environment** and **opportunities to enjoy the fine arts and other cultural experiences**. Only respondents from La Crosse rated their opportunities to enjoy the fine arts and cultural experiences right in the middle with a rating of 2.99. Trempealeau county respondents were the most critical of their community with 73% of them rating their community's opportunities for fine arts as either fair or poor.

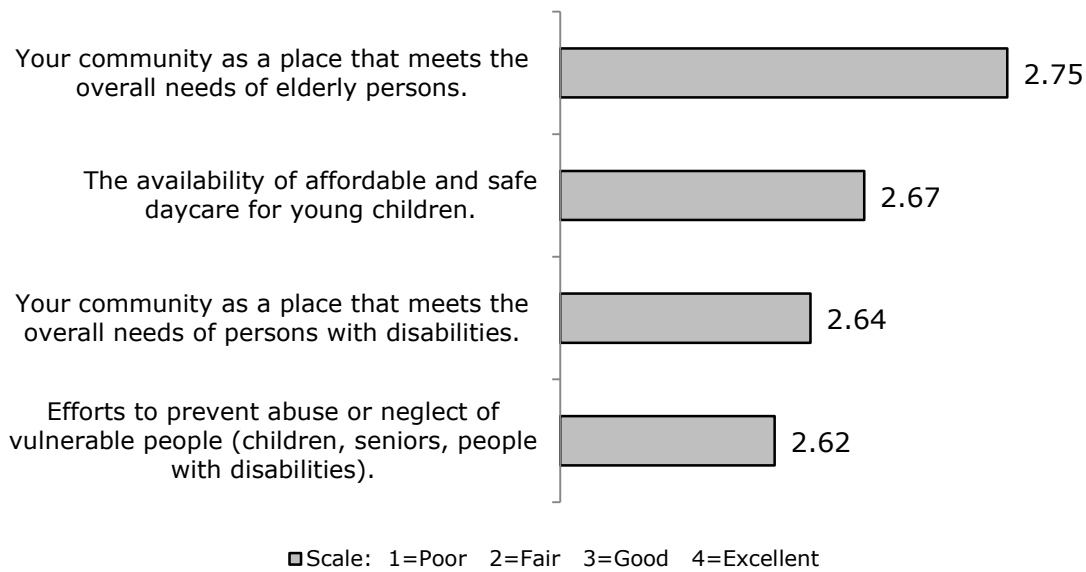
**Figure 7: Perceptions of the Quality of Life in the Community**



**Vulnerable Populations**

The COMPASS household survey also looked at the community’s perception of how well the Great Rivers Region meets the needs of and protects the most vulnerable populations in the community, the elderly, the disabled and children. The range of responses in all five counties was quite similar although how each item ranked in the section was different in each county. The results of these four items are below in **Figure 8**.

**Figure 8: Perception regarding vulnerable populations**

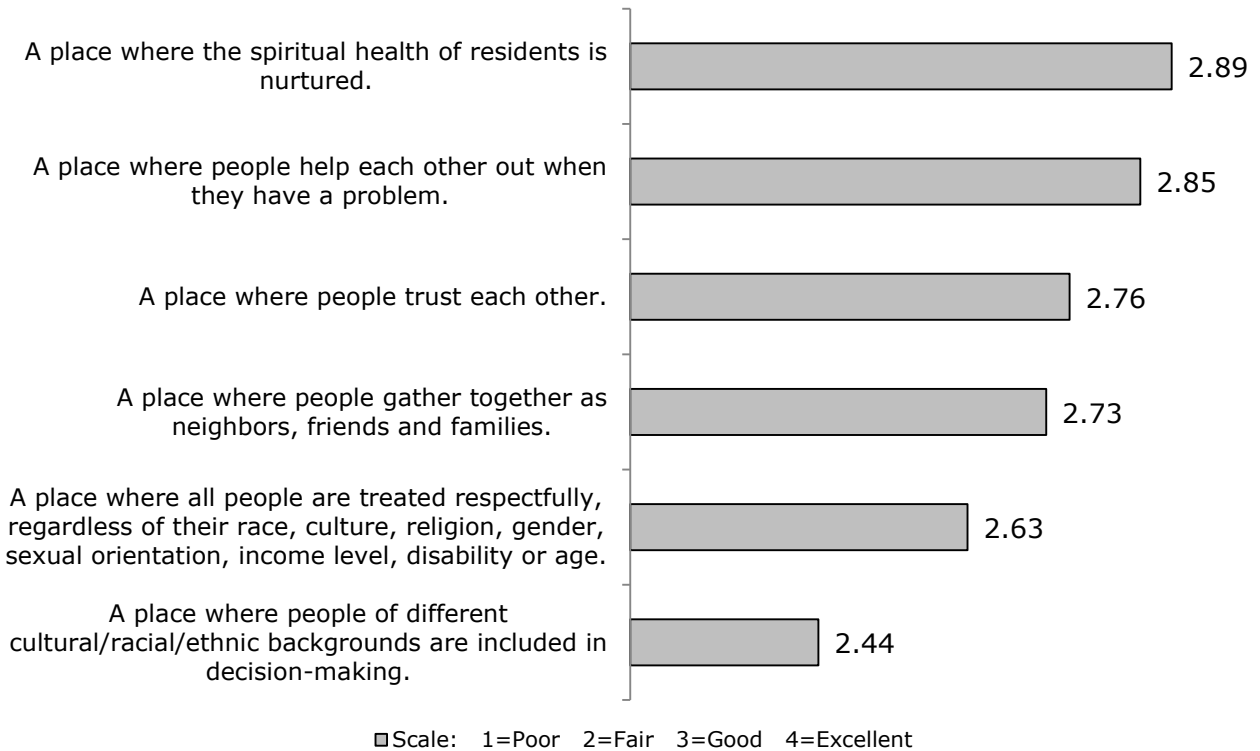


- The highest rated item in this section of the survey was **your community as a place that meets the overall needs of elderly persons**. Sixty-five percent of respondents gave a good or excellent rating in this regard. Older respondents tended to rate their communities higher than younger respondents.
- The second highest item rated was the **availability of affordable and safe day care for young children**. Fifty-seven percent of respondents rated their community as good or excellent in this regard. Respondents with minor children in the home tended to rate their community lower in the availability of affordable and safe day care. Respondents from Houston County rated their community the highest in this regard with

71% of respondents rating their community either good or excellent.

- Respondents also rated their communities with regards to how the **overall needs of persons with disabilities** were met. Overall the respondents gave an average rating of 2.64. Respondents from Houston and La Crosse counties rated their communities higher and the other three counties rated their communities lower.
- **Efforts to prevent abuse or neglect of vulnerable populations** were rated the lowest overall. La Crosse respondents gave the highest rating among the counties with 60 % of respondents rating their community as good or excellent for an average rating of 2.69. The lowest ratings were in Trempealeau and Monroe counties where both had an average score of 2.50.

**Figure 9: Perceptions of caring in the community**



### **Caring in the Community**

Respondents were also asked to rate the caring nature of their communities including how certain populations are treated and included (see **Figure 9**).

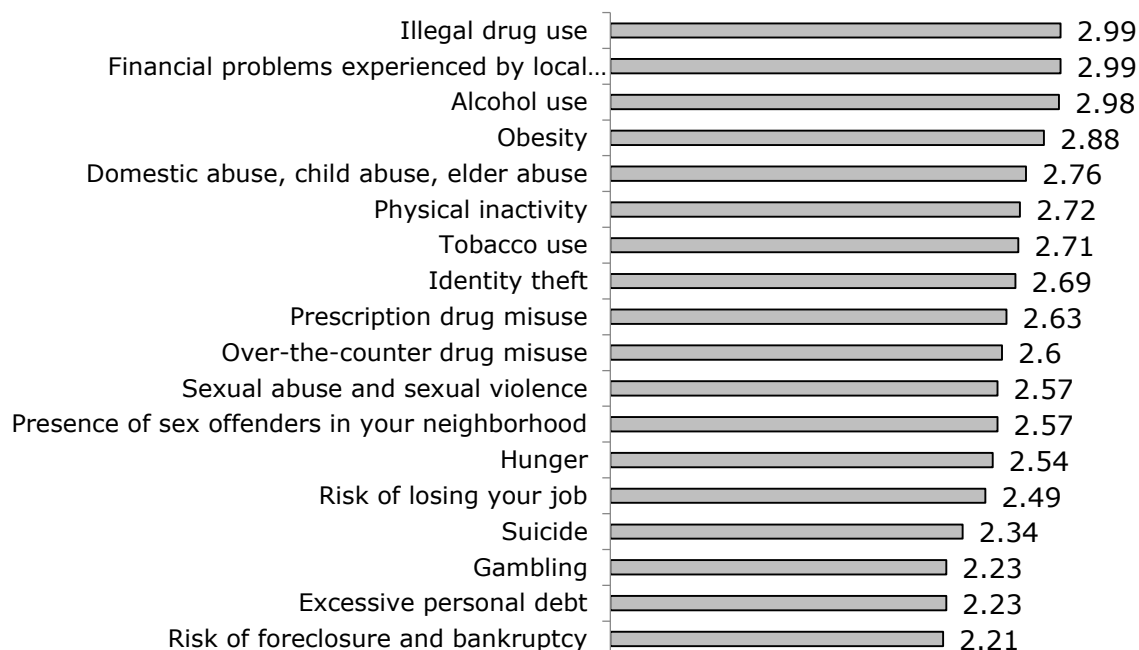
- Respondents rated their communities the highest with regards to being a **place where the spiritual health of the residents is nurtured, a place where people help each other out when they have a problem, and a place where people trust each other**. Respondents from Monroe County rated their community lower with regard to trust.
- Respondents gave the lowest ratings on the items **a place where all people are treated respectfully, regardless of their race, culture, religion, gender, sexual orientation, income level, disability or age and a place where people of different cultural/racial/ethnic backgrounds are included in decision-making**. Fifty percent of respondents rated their community as fair or poor in including cultural/racial/ethnic backgrounds in decision-making.

Respondents in every community gave their lowest rating to this item. Respondents from Houston and Monroe counties rated their communities higher than the overall mean score.

### Community Concerns

The last section of the survey asked respondents to rate their level of concern regarding 18 issues facing communities today (see **Figure 10**). The scale used for this section was 1 to 5 where 1 equalled no concern and 5 equalled very concerned.

**Figure 10: Issues of Concern for the Community**



Scale: 1=Poor 2=Fair 3=Good 4=Excellent

- The highest rated community concerns were **financial problems experienced by local governments, illegal drug use, and alcohol use**. These three issues ranked in the top four in every county with La Crosse respondents rating the financial problem of local governments the highest. Overall, 34% of respondents indicated they were very concerned with the **financial problems experienced by local governments** and 37% indicated they were very concerned with the issue of **illegal drug use**. Forty-seven percent of respondents in Monroe County and 42% of respondents in Houston County

indicated the highest level of concern for illegal drug use in their community. Thirty-eight percent of respondents answered they were very concerned about **alcohol use** in their community. Statistically respondents were equally concerned about these three items.

- **Obesity and domestic abuse, child abuse, and elder abuse** were the next highest rated concerns for all respondents. Overall 65% of respondents indicated significant level of concern for obesity in their community (31% very concerned). At the county level, obesity was among the top four issues in all counties. Fifty-six percent of respondents indicated at least significant level of concern for **domestic abuse, child abuse, and elder abuse** (28% very concerned).
- In the second and third quartile, respondents were concerned about criminal issues such as **identity theft, sexual abuse and sexual violence, and the presence of sex offenders in your neighborhood**, behaviour issues such as **physical inactivity, prescription and over-the-counter drug misuse**. Older respondents tended to be more concerned about all of these issues than younger respondents except for identity theft where there were no differences by age of respondents.
- The items of least concern were **hunger, risk of job loss, suicide, gambling, excessive personal debt, and risk of foreclosure and bankruptcy**. Although younger respondents and lower income respondents tended to indicate higher levels of concern than older respondents and higher income respondents.

# Household Survey Results



1. What is the ZIP code of your residence? \_\_\_\_\_

2. Which county do you live in? (*check one*)

109 (10.0%) Houston      520 (47.6%) La Crosse      170 (15.6%) Monroe  
 135 (12.4%) Trempealeau      159 (14.5%) Vernon

3. Thinking of the area in which you live and work, how would you rate the area as a place to live? (*check one*)

7 (0.6%) Poor      81 (7.4%) Fair      621 (56.5%) Good      362 (32.9%) Excellent

4. Thinking of the following aspects of health in the area in which you live and work, how would you rate... (*circle one number for each item*)

	Poor		Fair		Good		Excellent	
	n	%	n	%	n	%	n	%
a. The overall health of people in your community.	11	1.0	248	22.5	775	70.5	50	4.5
b. Your access to healthcare.	19	1.7	101	9.2	437	39.7	523	47.5
c. The affordability of healthcare in your community.	147	13.4	409	37.2	448	40.7	78	7.1
d. Your access to dental care.	66	6.0	147	13.4	506	46.0	356	32.4
e. The affordability of dental care in your community.	174	15.8	420	38.2	412	37.5	73	6.6
f. Your access to mental health care.	65	5.9	226	20.5	523	47.5	200	18.2
g. The affordability of mental health care in your community.	135	12.3	425	38.6	391	35.5	45	4.1
h. The availability of preventive services (for example, smoking cessation, nutrition, mammography, immunizations).	43	3.9	162	14.7	551	50.1	314	28.5
i. Your access to healthy food choices.	32	2.9	128	11.6	486	44.2	432	39.3
j. The affordability of healthy food choices in your community.	89	8.1	349	31.7	489	44.5	145	13.2
k. The quality of air in your community.	8	0.7	98	8.9	637	57.9	335	30.5
l. The quality of water in the rivers and lakes in your community.	43	3.9	297	27.0	571	51.9	164	14.9
m. The quality of drinking water in your community.	46	4.2	212	19.3	556	50.5	273	24.8
n. Your community's ability to respond to health threats (for example, influenza outbreaks).	25	2.3	207	18.8	630	57.3	210	19.1

5. Thinking of the following aspects of public safety in your community, how would you rate...  
(circle one number for each item)

	Poor		Fair		Good		Excellent	
	n	%	n	%	n	%	n	%
a. The overall quality of law enforcement in your community.	32	2.9	192	17.5	653	59.4	207	18.8
b. Efforts to prevent crime in your community.	39	3.5	268	24.4	604	54.9	168	15.3
c. The overall quality of your community's emergency services (for example, fire protection and ambulance services).	8	0.7	100	9.1	568	51.6	415	37.7
d. The safety of your neighborhood.	13	1.2	104	9.5	646	58.7	317	28.8
e. The safety of the schools in your community.	7	0.6	87	7.9	720	65.5	250	22.7
f. Your community's ability to respond to major safety threats (for example, natural disasters, terrorism).	26	2.4	261	23.7	623	56.6	150	13.6

6. Thinking of the following aspects of lifelong learning in your community, how would you rate...  
(circle one number for each item)

	Poor		Fair		Good		Excellent	
	n	%	n	%	n	%	n	%
a. Your community as a place that meets your and/or your family's educational needs.	26	2.4	152	13.8	573	52.1	334	30.4
b. The availability of preschool opportunities in your community (for example, Head Start, or 4-year-old Kindergarten).	8	0.7	123	11.2	573	52.1	343	31.2
c. The quality of schools grades K-12 in your community.	14	1.3	144	13.1	599	54.5	308	28.0
d. The quality of higher education (community/technical schools, colleges and universities) in your community/region.	36	3.3	126	11.5	472	42.9	441	40.1
e. The availability of jobs that offer enrichment and advancement opportunities.	218	19.8	497	45.2	313	28.5	50	4.5
f. The availability of community resources to learn new skills or hobbies (for example, photography, woodworking, computers).	112	10.2	356	32.4	459	41.7	154	14.0

7. Thinking of the following aspects of life in your community, how would you rate ... (circle one number for each item)

	Poor		Fair		Good		Excellent	
	n	%	n	%	n	%	n	%
a. The availability of leisure time opportunities that meet your and/or your family's interests.	57	5.2	298	27.1	525	47.7	206	18.7
b. Opportunities for youth to explore interests and participate in positive activities.	74	6.7	339	30.8	523	47.5	139	12.6
c. Opportunities to enjoy fine arts and other cultural experiences (for example, music, theater, art, museums, historical).	126	11.5	352	32.0	436	39.6	174	15.8
d. Opportunities for physical recreation for adults (for example, sports, exercise programs, parks, outdoor activities).	49	4.5	225	20.5	526	47.8	289	26.3
e. The availability of safe bicycle routes to school or work.	196	17.8	396	36.0	375	34.1	102	9.3
f. The quality of library services in your community.	15	1.4	128	11.6	566	51.5	371	33.7
g Your community as a place where recycling is encouraged.	39	3.5	183	16.6	578	52.5	288	26.2
h. Your community as a place that encourages energy conservation.	53	4.8	376	34.2	528	48.0	120	10.9
i. The efforts being made within your community to protect the natural environment.	53	4.8	324	29.5	566	51.5	135	12.3
j. Opportunities to contribute significantly in your work environment.	74	6.7	345	31.4	489	44.5	100	9.1
k. Opportunities to volunteer in your community.	25	2.3	168	15.3	589	53.5	308	28.0

8. Thinking of the following aspects of care giving in your community, how would you rate... (circle one number for each item)

	Poor		Fair		Good		Excellent	
	n	%	n	%	n	%	n	%
a. The availability of affordable and safe daycare for young children.	43	3.9	355	32.3	528	48.0	102	9.3
b. Your community as a place that meets the overall needs of elderly persons.	49	4.5	314	28.5	563	51.2	147	13.4
c. Your community as a place that meets the overall needs of persons with disabilities.	58	5.3	377	34.3	516	46.9	110	10.0
d. Efforts to prevent abuse or neglect of vulnerable people (children, seniors, people with disabilities).	58	5.3	372	33.8	534	48.5	86	7.8

9. Thinking of the following economic aspects of life in your community, how would you rate... (circle one number for each item)

	Poor		Fair		Good		Excellent	
	n	%	n	%	n	%	n	%
a. The availability of jobs with wages that offer a good standard of living for you and/or your family.	286	26.0	514	46.7	241	21.9	24	2.2
b. The availability of jobs that offer health insurance.	243	22.1	513	46.6	275	25.0	19	1.7
c. The ability you have to meet your and/or your family's basic needs for food, housing, and clothing.	76	6.9	298	27.1	567	51.5	140	12.7
d. The availability of affordable, quality housing for you and/or your family.	76	6.9	345	31.4	554	50.4	106	9.6
e. The availability of affordable education beyond high school for you and/or your family.	114	10.4	350	31.8	461	41.9	145	13.2
f. The availability of services for people who may need extra help (for example, government or non-profit services).	95	8.6	354	32.2	513	46.6	84	7.6
g. The availability of affordable and accessible <u>public</u> transportation.	265	24.1	341	31.0	369	33.5	97	8.8
h. The availability of affordable <u>personal</u> transportation (including gasoline, insurance, and maintenance).	136	12.4	434	39.5	425	38.6	81	7.4
i. Efforts to reduce poverty in your community.	211	19.2	504	45.8	308	28.0	33	3.0
j. Efforts to reduce hunger in your community.	78	7.1	355	32.3	550	50.0	94	8.5
k. Efforts to plan for a strong economic future.	190	17.3	491	44.6	342	31.1	38	3.5

10. How would you rate your community as:... (circle one number for each item)

	Poor		Fair		Good		Excellent	
	n	%	n	%	n	%	n	%
a. A place where people gather together as neighbors, friends and families.	66	6.0	313	28.5	546	49.6	156	14.2
b. A place where people help each other out when they have a problem.	58	5.3	256	23.3	552	50.2	208	18.9
c. A place where people trust each other.	56	5.1	295	26.8	574	52.2	149	13.5
d. A place where the spiritual health of residents is nurtured.	35	3.2	230	20.9	619	56.3	182	16.5
e. A place where all people are treated respectfully, regardless of their race, culture, religion, gender, sexual orientation, income level, disability or age.	74	6.7	353	32.1	542	49.3	104	9.5
f. A place where people of different cultural/racial/ethnic backgrounds are included in decision-making.	110	10.0	436	39.6	419	38.1	75	6.8

11. How concerned are you about the following issues in your community?... (circle one number for each item)

	No Concern				Very Concerned			
	1		2		3		4	
	n	%	n	%	n	%	n	%
a. Hunger	144	13.1	389	35.4	365	33.2	170	15.5
b. Obesity	84	7.6	283	25.7	377	34.3	335	30.5
c. Physical Inactivity	95	8.6	343	31.2	401	36.5	231	21.0
d. Tobacco Use	157	14.3	284	25.8	340	30.9	295	26.8
e. Alcohol Use	116	10.5	213	19.4	334	30.4	412	37.5
f. Over-the-Counter Drug Misuse	159	14.5	345	31.4	321	29.2	242	22.0
g. Prescription Drug Misuse	139	12.6	367	33.4	294	26.7	267	24.3
h. Illegal Drug Use	90	8.2	243	22.1	323	29.4	411	37.4
i. Gambling	268	24.4	403	36.6	246	22.4	147	13.4
j. Risk of losing your job	279	25.4	238	21.6	266	24.2	249	22.6
k. Risk of foreclosure and bankruptcy	353	32.1	322	29.3	217	19.7	165	15.0
l. Excessive personal debt	342	31.1	303	27.5	240	21.8	170	15.5
m. Financial problems experienced by local governments	80	7.3	225	20.5	383	34.8	376	34.2
n. Identity theft	128	11.6	342	31.1	325	29.5	272	24.7
o. Sexual abuse and sexual violence	150	13.6	364	33.1	332	30.2	223	20.3
p. Presence of sex offenders in your neighborhood	183	16.6	376	34.2	255	23.2	257	23.4
q. Domestic abuse, child abuse, elder abuse	121	11.0	332	30.2	310	28.2	311	28.3
r. Suicide	241	21.9	401	36.5	235	21.4	189	17.2

To help us better understand the results; please answer a few questions about you and your family.

12. Do you volunteer in your community? 614 (57.2%) Yes 460 (42.8%) No

13. Are you male or female? 357 (32.9%) Male 729 (67.1%) Female

14. Are you Hispanic, Latino, or of Spanish origin? 11 (1.0%) Yes 1058 (99.0%) No

15. What do you consider to be your primary race? (*check one*)

1053 (98.0%) White 10 (0.9%) African American, Black 6 (0.6%) Native American

2 (0.2%) Hmong 3 (0.3%) Other Asian/Pacific Islander

Other (please specify) \_\_\_\_\_

16. What year were you born? \_\_\_\_\_ 662 (62.5%) <65 years 398 (37.5%) 65+ years old

17. Including yourself, how many people are living in your household? \_\_\_\_\_

18. Are there minor or dependent children living in your household? 253 (24.3%) Yes 789 (75.7%) No

19. What is the highest level of education you have completed? (*check one*)

77 (7.1%) Did not graduate from high school 284 (26.2%) High school diploma

148 (13.6%) Vocational School 180 (16.6%) Some college

222 (20.5%) College graduate 174 (16.0%) Post graduate/professional

20. How long have you lived in your community? (*check one*)

15 (1.4%) Less than 1 year 113 (10.4%) 1-5 years 92 (8.5%) 6-10 years

534 (49.3%) More than 10 years 330 (30.4%) My entire life

21. Do you own or rent your current home? (*check one*) 199 (18.5%) Rent 876 (81.5%) Own

22. Counting income from all sources (including earnings from jobs, unemployment insurance, pensions, welfare, etc.) and counting income from everyone living in your home, which of the following ranges did your household income fall into last year? (*check one*)

69 (6.7%) Less than \$10,000 229 (22.2%) \$10,000-\$25,000 311 (30.2%) \$25,001-\$50,000

211 (20.5%) \$50,001-\$75,000 136 (13.2%) \$75,001-\$100,000 75 (7.3%) Over \$100,000

# Focus Group Report

## Introduction

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The COMPASS NOW 2012 community needs assessment included a focus group study to complement the data collected via household surveys and socio-economic indicators. The objective of the focus group study was to increase the understanding of the community's needs and their perception of the main challenges facing the region.

Focus groups are a valuable methodology for obtaining in-depth qualitative information on topics of interest. Qualitative methods in data collection can play an important role in strengthening findings from other data collected. It is important to keep in mind that results from qualitative methods such as focus groups cannot be generalized across an entire population; instead, they are used to describe the findings with greater insight.

## Methodology

The COMPASS NOW focus group study was led by a 5 county team consisting of county health department employees, Great Rivers United Way staff, local healthcare provider staff, and University of Wisconsin Extension faculty. Each team worked independently to coordinate and recruit participants in their county. Overall guidance and coordination was provided by the COMPASS NOW project coordinator and focus group team leader.

The methodology for the focus group study was designed to be a two-step process. The first step convened key stakeholders in each county to identify the main issues facing the region. These issues were discussed in the second step of the study, the community focus groups. The recruitment methods for the two steps are discussed below. The discussion data from both the key stakeholders and the focus groups was transcribed into Microsoft Word and the data was coded and analyzed by issue and themes.

## Identifying the Issues

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### Key Stakeholders

Eight key stakeholder meetings were held from February through March 2011. Each county focus group team identified key community leaders representing a broad range of community interests to participate in these meetings. Potential participants received an invitation letter explaining the purpose of the COMPASS NOW community needs assessment and the objective of the key stakeholder meeting. Two-hundred forty community leaders representing business,

clergy, healthcare providers and staff, elected officials, law enforcement, education, school counselors, United Way partner agencies, farmers, and county officials from the five county area attended the key stakeholder meetings.

### **Key Stakeholder Process**

The key stakeholder meetings in each of the 5 counties followed a nominal group process. Participants were divided into small groups and were guided in limited discussion by a trained facilitator. The nominal group process was selected for its effectiveness in reaching group consensus. The group facilitator gave a brief overview of the process and asked each participant to independently write down their answers to the following questions:

1. What are your hopes and dreams for our region?
2. What are our greatest assets and strengths as a community?
3. What are the bigger challenges and issues that we need to address?

Participants shared their responses to each question one by one providing clarification when necessary. The facilitator encouraged the participants to categorize similar ideas as appropriate. Participants then prioritized the bigger challenges and issues by voting for the most pressing issues facing the community. The community challenges were then ranked based on the number of votes the issue received.

Although each county utilized the same group process, the voting tallies for community issues identified are not comparable between counties since unequal number of people attended the key stakeholder meetings. In key stakeholder sessions where more than one group was meeting at the same time, all the participants were brought together to create one priority issue list. In these cases, participants were led through a second round of voting. This resulted in one aggregate list for all groups meeting in each county.

**Table 1** shows the top ranking issues as voted on by the key stakeholders in each county. It is important to note that the results shown should not be interpreted as the exhaustive list of challenges facing each county but as a top 5 priority list identified at the time of the meeting. Also keep in mind that key stakeholders may have identified an issue as a significant challenge in their county yet due to a limited number of cumulative votes received, the challenge did not make it onto the top priority list.



## Key Issues

The list of key issues facing the region was developed from the key Stakeholder data. The discussion questions for the focus group study were developed from the issues identified. According to the key stakeholders the most challenging issues facing the region are:

1. Unemployment and the economy
2. Access to healthcare including dental and mental health services
3. Access to affordable education
4. Cuts to programs and services

**Table 1: Top Challenges facing the counties in the Great Rivers region.**

Priority issues identified by community stakeholders	La Crosse	Monroe	Trempealeau	Vernon	Houston
Employment and living wage opportunities	✓	✓	✓	✓	✓
Access to healthcare	✓	✓	✓	✓	✓
Education	✓	✓	✓	✓	
Maintaining funding for public services	✓	✓		✓	✓
Viability of small towns			✓	✓	✓
Mental health services	✓	✓		✓	
Dental care	✓	✓		✓	
Families in need	✓			✓	
Alcohol and drug abuse (legal and illegal)	✓				✓
Access to services		✓			✓
Services for the elderly	✓			✓	
Parenting skills			✓		
Sharing public resources					✓
Public transportation					✓
Resistance to change			✓		

## Community Insight

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### Community Focus Groups

Thirty-seven focus groups were conducted across the 5 counties during the timeframe of April to June, 2011. Participants were sampled by convenience, often recruited from existing community groups such as Rotary clubs, various councils, student groups, college classes, volunteer groups, governmental entities, social service staff and board members. Three hundred twelve community members participated in the focus groups. Participants varied by age, gender, occupation, ethnicity, and income. The focus group size ranged from 3-10 people with the average size group being 7. Groups were kept homogenous when possible to allow for people with similar backgrounds to feel comfortable sharing ideas. During recruitment, the focus group team ensured that the following target groups were represented:

- Youth
- Experienced People/Senior Citizens
- Limited Resource Individuals and Families
- Business and Financial Representatives
- Service Providers
- General Population
- Diverse Populations

Not every county convened a separate focus group for each target group but on a regional level it was ensured that a broad representation of the community was included in the focus group study. For example, based on demographics, not every county identified the need to hold focus groups with ethnic minority groups. La Crosse and Monroe counties held focus groups with their larger minority populations, the Hmong and Latino. Bilingual facilitators as well as an interpreter were used to translate the data from those group discussions. **Table 2** shows the groups held in each county, the target population recruited and the total number of participants.

**Table 2: Focus groups by target group and county**

	Youth	Experienced Adults	Business & Finance	Service Providers	Diversity	Limited Income	General	Total Groups	Total Participants
La Crosse	✓	✓	✓	✓	✓	✓	✓	13	109
Monroe	✓	✓	✓	✓	✓		✓	9	66
Trempealeau	✓	✓	✓	✓	✓	✓	✓	4	39
Vernon	✓	✓	✓	✓			✓	5	44
Houston	✓	✓	✓	✓	✓	✓	✓	7	55
<b>Total</b>								<b>38</b>	<b>313</b>

The focus group sessions were held in a variety of settings based on convenience to the participants. Focus groups were held in community centers, churches, health centers, conference rooms, county offices, restaurants, youth centers, and at service agencies. Meetings were also scheduled at convenient times from early morning to late evening depending on the group.

### Focus Group Process

The focus groups were kept in a semi-structured format with a facilitator leading each group through a set of pre-determined questions. The focus group questions were developed from the issues identified by the key stakeholders. Participants were asked to discuss how their community was affected by:

1. Unemployment and the economy
2. Challenges to access affordable health and dental care, and mental health services
3. Challenges to affordable education
4. Cuts to funding for programs and services

Each focus group team also had the opportunity to add a question based on a specific prioritized issue not included in the list above. Three out of the five counties added an additional question to their discussion script and one county added specific questions only for their youth participants. The additional issues discussed included alcohol and drug use, access to services for the elderly, and barriers to accessing local resources. The youth specific questions were related to bullying and underage alcohol, tobacco and drug use. Focus group participants were also asked to comment on any additional challenges they saw in their community. After each key issue discussion, participants were asked to share their thoughts on solutions to the community problem discussed.

**Note:**

It is worth noting that a majority of the focus groups brought up similar themes when discussing the key issues. Differences in perceived needs or perceived effects of a particular issue occurred more often between target groups rather than between counties. Some groups discussed topics more extensively than others, and in general the issues of unemployment, the economy, and healthcare generated more discussion than education and cuts to programs and services. The extent of the discussion may reflect the knowledge and familiarity that groups had about the issues. Similarly, many groups found offering solutions to community problems challenging.

During the months of this focus group study, discussion about government issues including funding may have been unusually high due to the unveiling of the Wisconsin state biennial budget for 2011-2013 and the widely known Budget Repair Bill. Both of these pieces of legislation highlighted a variety of issues including funding for education, the viability of public services, state funding for medical assistance programs, and taxes. The focus group process does not delineate whether the comments shared by participants resulted from the effects of the recession of the past few years or the media focus on the state budget and repair bill.

**Results**

Focus group data was recorded by the group facilitators or designated recorders. After the data was coded and analyzed, each focus group team was consulted to reach consensus on recurring topics and common themes.

Below are the key findings arranged by the issues that were discussed.

**Key Issue: Unemployment and the economy**

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**Common themes on unemployment and the economy**

- Physical and health effects of a poor economy
- Area jobs pay poor wages
- Need for balance between business and community needs
- The burden of rising costs
- Effects to the community
- The effects to young people and brain drain
- Issues in the housing market
- Higher demand for social services
- It could be worse

Concern and discouragement regarding various aspects of economic stability in the region was a clear theme in all the focus group discussions. Across focus groups, participants described the detrimental effects the economic situation has had on the health of the community. Participants identified increased feelings of hopelessness, stress, depression, alcohol and drug

abuse, child abuse, domestic violence and even suicide as directly being related to the downward economy. Several participants commented that unemployment and poor wages made the community unhealthy as people were no longer able to afford healthy food, had to either choose between food and medications, or put off medical care.

A limited job market and low wages was another common theme discussed across all counties. Comments about the minimum wage not being a living wage were heard often, and participants described many in their community as living pay check to pay check. Many expressed a concern for the elderly and low income families faced with rising costs on limited incomes and described a lower quality of life as a result. Participants also described people having to work jobs they are overqualified for because of the limited choice for employment in the region or to keep a job with benefits. Vernon County participants expressed concern for local farmers who were struggling with rising operating costs. In addition, the challenges for single parent families were singled out by various groups. Some participants commented that rising transportation and childcare costs often made working unaffordable.

Participants said:

"The cost of living is increasing for everyone. I worry about the elderly and others on a limited income."

"There are many jobs that pay about \$7/hour and, after allowing for the basics, there's not much to live on."

"At this point we are forced to choose which bills to pay."

"People come in crying because they had to buy groceries and couldn't get their medicine and they had to go without."

In several counties, participants emphasized their discontent and frustration with the impact of corporate decisions on small communities. The wide spread impact of factories moving out of state or overseas was discussed. La Crosse and Vernon counties highlighted the effects big box stores have on local business owners and described the inability of the small business to compete.

One group described the blame the entire community shares.

"It all comes down to greed. Greed is a short term vision for our community, not a long term strategy, we all give in to the greed by shopping at (big box store)."

“A lot of small businesses have been forced out by the big box stores. It is harder to support local business with gas at \$4 a gallon. People have to shop at the lowest price...”

Empty store fronts and ‘brain drain’ due to the loss of manufacturing and skilled jobs were also highlighted by most counties. Participants explained that increasing education debt is driving college graduates away from the region to areas that can offer higher paying jobs with benefits.

Low wages were sometimes attributed to the imbalance of power between employer and employee. Participants perceived a high demand for few jobs as an advantage to employers that may contribute to driving wages and benefits downward. However, in Trempealeau and Monroe counties, low wages were also blamed on competition from undocumented and migrant workers who were perceived as being willing to work for less.

Several groups made comments related to the disparity among rich and poor or ‘the haves and the have-nots’. Participants from almost every county commented that the middle class was either shrinking or disappearing and several participants described the concept of the “poor are getting poorer and the rich are doing quite well.” This growing disparity also raised concern about increased crime, violence, and illegal activity. The issue of substance abuse and illegal drugs was mentioned in various groups in several counties and will be discussed later.

Participants said,

“It all comes down to violence—people will have to do what they need to do to eat. More crime and more stress...”

“Criminal activity is increasing due to socioeconomic issues; when there isn’t enough money people get creative in getting money. We are seeing this in relation to drugs—selling, obtaining and distributing drugs illegally.”

Issues related to housing were discussed in every county in the region. Participants highlighted foreclosures, evictions, high number of houses for sale, and the lack of affordable housing as problems facing the community. Most counties expressed a concern and awareness that there was a higher demand for social services as a result of a poor economy. Participants emphasized an increase in homelessness locally, even commenting about an increased number of people and families living in cars.

Participants described the problem,

"At a time of economic depression with increased homelessness, domestic violence, etc. (social service) agencies have a decreased capacity to help. There is an increase in demand and a decrease in assistance."

"If you have less money for food, you'll have less food and more hunger."

"People are unable to pay bills. There are limited options in affordable housing. If you don't have a place to live it is really challenging to try to keep a job and forget trying to get a job without an address."

"There are too many barriers for people looking for work because increasingly companies are requiring online applications. Many people do not have computers at home with the latest software to fill out forms, etc. There is definitely limited access to computers in rural areas. There are computers at the library but have you ever tried filling out an application there? It's pretty difficult with all the distractions and people around."

Issues related to youth and young families were discussed during various topics in the focus groups. In relation to unemployment and the economy, young people throughout the region described a need to contribute more to their expenses because parents were stressed financially. Young people also described an increased frustration in not being able to find summer or part-time jobs because they had to compete with adults for the low wage and/or entry level jobs. Many groups expressed a concern that the local job market was not able to sustain young professionals seeking good paying career jobs and this also contributed to stagnant communities and 'brain drain'.

The discussion on the economy was not all negative however. Many participants especially from the business and finance community reflected hope that the economic situation was improving. Several participants had examples of small signs of industry growth while others reminded that the situation in other parts of country has been more devastating than here locally. Participants also shared a great deal of pride in their community and emphasized the need to market their community's strengths to encourage more tourism and local investment.

Some examples of positive comments were,

"We are doing the right things but we have to be patient."

"I think the city has stepped up in pursuing industry to bring in jobs. City administration knows it is a huge concern and they do a good job keeping people informed and updated on issues. I appreciate that fact."

"Kids are giving back to the community as part of their education and have an enthusiasm to do something, so there's hope for the future."

### **Solutions: Unemployment and the economy**

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Focus group participants were also asked to discuss solutions to the unemployment and economic development problems in their community. Overwhelmingly, participants called for local investment both on a personal level by buying local and promoting local businesses; and at the county level as an essential economic development strategy. Many participants mentioned using tax incentives to attract businesses to the area and also discussed the importance of creating a disincentive for companies to leave our area.

#### **Suggested solutions to unemployment and the economy**

- Local investment
- Increase corporate responsibility
- Promote regional cooperation
- Provide life skills and financial literacy training

Many groups throughout the region identified the need to increase corporate responsibility to the local community. Participants emphasized the importance of developing a sense of community among businesses and large employers so their corporate vision reflected more local investment and connectedness. Participants felt that an increased awareness of the issues facing the community was important to developing a new corporate culture. In La Crosse, one group discussion focused on the need to promote and support community oriented employers that would be willing to take a chance with employees that may be considered "at-risk" either because of a disability or a criminal record.

Participants said,

"We need "step-up" programs. Community oriented employers that are willing to take a little chance with at-risk employees, like good employees that happen to have a mental health issue on their record. There are so many people out there that just need a place they can grow their skills."

There were also many comments about the need for communities to collaborate more with each other and function more regionally. Several participants offered ideas for sharing resources such as school buses (when not in use by schools) to improve lacking public transportation



systems and others suggested that fire and police departments share more resources.

In almost every county, participants described a strong need for our community to accept more personal responsibility in various aspects of their lives. Participants described a societal problem of expected entitlement, of not wanting to work as hard as generations past, as well as young people not understanding basic life skills. In many instances, participants agreed that many adults lacked these skills as well and could not serve as good role models for youth.

Participants said,

“Most college students don’t even know how to balance a checkbook.”

“Youth don’t realize that charge cards have to be paid.”

“It is easy to blame different groups for things, but whole money management is not addressed in our society as it should be. We have a spoiled society with a belief that we can have anything we want.”

“Schools don’t teach kids how to live. They know how to read and write but there is lack of critical thinking skills. They are not prepared for life.”

“If the parents do not have the skills to prioritize properly and make sound financial decisions, they certainly can’t teach their kids.”

### **Key Issue: Access to affordable health care**

The second key issue that was discussed during the focus group meetings was access to affordable health care including dental care and mental health services. This topic generated a great deal of discussion and concern for the majority of participants. Many focus group participants emphasized a sense of pride and comfort in having top rated healthcare facilities within the community. However, most participants realized that access to healthcare extends beyond the physical location of a hospital or clinic. For a community to fully have access to health care, the cost of care must also be affordable. The most common theme discussed throughout the entire region was the negative health effects of not having proper access to health care. Participants passionately described their concern for community members unable to afford prescriptions, forced to delay surgeries and needed medical care due to cost, or experiencing stress related to no insurance coverage.

### **Common themes on access to health care**

- Lack of access affects our community’s health
- Limits to benefits and high costs
- Limited access to dental care
- Mental health issues are not adequately addressed
- Misuse of services
- Need for prevention

Participants said,

"[Lack of healthcare] it's destroying us. At 50 my wife and I have no insurance. We are starting from scratch; we both lost our jobs and were unemployed for 2 years. We went into bankruptcy and are now back in school. I have no idea how we would manage a significant health issue. Health insurance coverage is more than our monthly income."

"I know of a resident who was diagnosed with cervical cancer and is stuck with many medical bills. She has nothing to pay for the medical care. It's a huge problem."

"In the Hmong community we tend to have larger families. With the wages parents are making, families have to make tough decisions as to what kids are going to get care. It actually goes in cycles. We have to look at what is the most serious health or dental problem in the family at the time. I know it is sad but that is how it is."

"I know someone who is avoiding an STD (sexually transmitted disease) test because he can't afford it. This could mean the spread of STDs."

The discussions about health care access were often related to employment. Several participants commented that benefits were being reduced by employers either through imposed higher deductible plans, limits to coverage or by dropping vision and dental benefits. Participants indicated that higher health care costs for individuals, regardless of their insurance coverage, often resulted in people avoiding health care. Participants shared examples of people who self-medicated with over-the-counter medications, self-treated injuries, avoided health care or used home remedies all to save the added expense of going to the doctor.

Participants said,

"Even with health insurance, the deductibles are so high. I already have health bills, so I avoid going in."

"Parents expect the school nurse to be their clinic. Students are frequently going to the school nurse for injuries occurring outside of the school day."

"When you have chronic illnesses and a high deductible plan, you get slammed year after year with expensive bills from the hospital and insurance company."

“Are health insurance plans with deductible rates that cost \$5000 to \$10,000 a year really providing health insurance? Entry level workers can’t afford the coverage.”

“We use a lot of home remedies. Like my friend here, she had a problem in one of her eyes. We can’t afford to go to a clinic. The cost of going to the hospital is too much. We know ways to cure things and we pray. We put some chamomile on her eye and thank God it got better. Maybe we put ourselves more at risk (with home remedies).”

The lack of dental coverage was also an important topic of discussion among focus groups throughout the region. Participants related poor dental health with low self-esteem and overall poor physical health. Many comments were made that people let dental problems get so advanced that the only remedy was extraction. Although participants were aware of free dental days, the lack of follow up is seriously lacking in the region.

A participant commented,

“We have one local dentist who provides free dental care for one day a month but what about the follow up? I know of someone who went there and had to get all their teeth pulled but had no help to get dentures.”

The most common complaint related to dental care was the lack of dentists accepting Medicaid or Medical Assistance. The few dentists in the region that do accept Medicaid are completely overburdened and unable to meet the demand. This coupled with high costs obviously leaves many in our community without access to routine cleanings and preventive dental care.

Another important health care issue discussed was mental health services. There were two main themes that arose in relation to mental health; the first focused on the effects of stigma and the second was related to service providers. Several participants felt that mental illnesses are stigmatized in our society and this hindered people from seeking assistance in a timely manner. The suicide death of a high school student in Trempealeau was used as an example of the need for greater understanding of mental health issues in schools. Many participants commented that school staff are unprepared to deal with the mental health issues that commonly develop during adolescence.

Participants explained,

"Mental health is the most significant problem-I think there is access, but people don't move to getting help until they are in trouble."

"Mental health issues are really affecting our community. People do not understand what mental illness even is. There is so much stigma with mental illness and then compound that in a small town where everybody knows everybody. There needs to be awareness that ignoring the issue is not the answer. Communities need to know that people are losing hope, people are suffering from depression and this leads to suicide and other issues."

"It is in middle and high school where many mental health issues start. They (the school staff) do not know how to handle it. These kids are just seen as 'problem kids'. The truth is they might be bipolar or have schizophrenia. There are medications for that but you need to know about it. The kids also need support."

"This is a stressful time for students as their parents need help with mental health services and the parents can't afford the medicines or doctors. It is obvious to school staff that the parents need help but services are not there."

Many participants discussed the lack of mental health providers in the region. Participants familiar with homeless shelters, the judicial system, county health departments and hospitals commented on too few psychiatrists and increasing mental health cases which has resulted in long waiting lists for services, overwhelmed caregivers, and an increase in emergency psychiatric detentions. Participants familiar with mental health issues explained the gap in mental health services for children pointing to a 4-6 week and sometimes 3 month waiting period for a psychiatric consultation. In addition, participants shared the challenges the limits to insurance coverage such as BadgerCare have on mental health care. According to focus group participants, the limited reimbursement for psychiatric visits and no coverage for counseling services, presents a barrier for those needing to access providers.

One participant made the connection to cost by saying,

"There is a huge impact on the tax payer. If mental health services are not provided when needed, then the problem leads to commitment and long term mental health care."

Another issue discussed at length by focus groups from nearly all counties was the lack of public transportation. Rising fuel costs as well as other barriers to driving such as disabilities, revoked licenses, and not being eligible for a driving permit, all contributed to the transportation challenges for many people trying to get to work, school, and to medical appointments. Participants expressed a deep concern for the elderly who find it challenging to get to medical appointments. Participants acknowledged that even though transportation to medical appointments may be covered by special funding it can be difficult to arrange and not everyone is aware of the services available.

A participant in Monroe County explained,

“Scenic Bluffs is a huge plus but accessibility there is a huge problem. There is mental health treatment there but with the cost of gas and (lack of) transportation it is a barrier to access. Do I feed my family or do I get medical care?”

Another theme in several discussions about access to health care was the perception that more and more people are using the emergency room for primary care issues due to a lack of insurance coverage. Participants expressed concern and resentment that this type of misuse of medical services coupled with preventable hospital visits is contributing to higher healthcare costs for everyone.

Participants said,

“People can’t afford to go to the doctor so they wait and wait until the last minute and then it’s a trip to the ER. We all pay for that.”

“Everyone pays for the uninsured because they don’t get preventive care they get emergency room care.”

These discussions about misuse of medical services often led to two additional themes; the perception that there are free services available that are underutilized and the belief that a more preventive health focus is needed in our society and community. These are discussed further in the solutions section of this report.

**Suggested solutions to access to health care**

- Better education on services available
- Education on appropriate use of medical care
- Focus on prevention and personal responsibility
- Vote and be a strong voice in your community
- Expand walk-up clinics and free clinics
- Increase awareness and understanding of Affordable Care Act

**Solutions: Access to health care**

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The discussions about the problems and barriers to health care also led participants to share ideas about what solutions are needed to address these problems. The most common solutions given were the following:

**Better education on services available**

Many participants felt there were free or reduced cost services available that were being underutilized by those in need. Examples of clinics run by non-profits such as Options, Scenic Bluffs, St. Clare’s Mission, as well as the county health departments were all given as examples. On the contrary, some participants explained that the free services were in fact overburdened with patients and that their schedules were too limited and should expand their services to meet the greater need.

**Education on appropriate use of medical care**

The shared concern regarding the misuse of emergency room services points to the need for greater community awareness on the appropriate use of medical care. Educating the community about non-urgent medical care that could be treated in primary care settings can reduce costs, improve the coordination of care for patients and preserve the ER for those who truly need emergency care.

**Focus on prevention and personal responsibility**

Many participants identified the need to focus more on preventive health and wellness. Participants felt that the cost savings of prevention coupled with increased personal responsibility of making healthier choices would benefit the community greatly. Increased education and awareness on mental health issues was also identified very important in preventing further burden of mental illness.

**Vote and be a strong voice in your community**

The idea of being politically active was echoed by many groups. Participants identified the need for more community involvement in local issues, advocacy, and exercising the right to vote. Many participants called on young people to become more politically aware of the issues.

### Expand walk up clinics, express clinics and free clinics

Several La Crosse county participants felt that more affordable medical care facilities or express care clinics would better serve the community's health care needs. Monroe, Vernon, and Trempealeau participants discussed the need to expand free services including dental services through additional grants and subsidies. La Crosse participants stressed the importance of promoting free health services at local technical schools.

### Increase awareness and understanding of Affordable Care Act

Some participants expressed hope or held the expectation that the Affordable Care Act would improve access to preventive health services and screenings for the community including those currently on Medicare. Several comments and discussions about the Affordable Care Act highlighted the limited knowledge the community has on the impact of this legislation and points to needed education regarding its implementation and impact.

### **Key Issue: Challenges to affordable education**

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Challenges to affordable education was the next issue that was discussed during the focus group meetings. The issue was framed as an increasing personal and public challenge to fund education for all grades including post-secondary education.

Focus group participants in most counties shared many comments regarding the high quality of the schools in their area. Many commented that there was a good variety of options available at the K-12 level including non-traditional alternatives. The number of options available locally for post-secondary education was also described as a huge positive for the community. These factors were often associated with contributing to the high quality of life in the Great Rivers Region.

However despite having quality education available, many participants expressed concern that community members are undervaluing the importance of education. Several participants identified the need to break the generational cycle of not achieving a high school diploma or not attaining any post-secondary education. Participants however, indicated that one of the greatest barriers to higher education achievement is the rising cost. Several participants emphasized that rising costs are a deciding factor in whether to pursue higher education.

#### **Common themes on challenges to education**

- Good quality schools in the area
- Need to value education more
- Cuts to education will hurt kids
- Rising costs to post-secondary education hurts everyone

Participants said,

"There is a weakness in our community—there is not a desire to get further education. This impacts our philosophy about education in general. Education is not always valued."

"Communities will be divided further into those who can provide further education for their children and those who can't. There will be a wider gap between rich and the poor."

"The rising cost of tuition is taking away the opportunity for kids to go to college."

"Our average income does not allow for residents to afford the high cost of rent. How can people afford additional education?"

"People are discouraged about going to school. It takes a long time to pay off student loans. Is it worth it?"

The remaining discussions on this issue focused on K-12 education and funding.

Participants described their concern for special education programs, art, music and foreign language. Participants felt these programs were the most vulnerable to budget cuts but were each very important to kids learning, development, and global competitiveness.

One La Crosse participant said,

"I fear the state budget cuts to schools will affect the students that need special education services most. Schools and teachers are not equipped to deal with young people with mental health issues. Teachers have increasing behavior issues to deal with and they cannot address mental health issues on top. It is frightening to think how the budget cuts will affect their class size and load. Students with problems will be falling through the cracks."

The following comments from young people in Trempealeau also highlights the issue,

"There is more competition these days for education and jobs. We are competing with students from all around the globe."

"There are so many jobs and businesses leaving the US. We need to build our skill set with foreign languages."



"Cutting foreign language classes is stupid, being bilingual is really important."

The potential for cuts to the fine arts, PE, and extra-curricular activities also raised concern about limiting access to enrichment activities based on income. Participants commented that at-risk kids would be placed at greater risk by raising fees to sports and other extracurricular activities to amounts families could not afford. Some participants even commented on the health effect of such cuts.

"Participants are paying fees for sports. Art, physical education and music are being cut or reduced. Agricultural programs are being cut and extra-curricular programs aren't."

"At a time when obesity is increasing and health and exercise need to be emphasized there are cuts." "That just doesn't make sense."

"I am afraid what will happen is that extra-curricular activities will become 'club' activities rather than school funded. The 'have nots' will not be able to afford them and will participate in 'risky' activities instead."

Many comments regarding school budgets also highlighted the concern about expanding school voucher programs. The majority of participants who commented on school vouchers expressed a concern about the impact they may have on small rural schools. Several participants also emphasized the need to change the perception of education as an investment not only in the future of our children but that of our communities. Facilitators heard several comments such as this one from a Vernon county participant.

"When businesses are looking for new locations, the education system is a major factor. If you dismantle quality educational programs you will lose the ability to attract businesses."

Finally, with regards to K-12 education, a theme that was heard often was the concern about low morale among teachers, sudden retirements and the future of the teaching profession in Wisconsin. In Minnesota, participants shared a fear of staffing cuts due to reduced enrollment and possible need to combine classes to keep schools going.

**Suggested solutions to issues in education**

- Youth need life skills
- Improve parenting skills
- Needed fundraising for schools
- Students need to apply for scholarships
- Technical and vocational training is needed

**Solutions: Challenges to affordable education**

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Participants also shared their ideas and solutions to address the community’s challenges regarding education. It is interesting to note that several of the solutions do not directly address the potential for cuts to school budgets, rather the solutions focus on increasing student success by improving personal responsibility. For example, two solutions the facilitators heard most often were to increase the life skills training available to young people. As stated previously, participants in a variety of target groups expressed a great concern for young people being unprepared for the challenges of life. The skills often associated with life skills training are: decision-making skills, social skills, employability and career planning, money management, and issues related to health and family. These skills were often described as lacking not only in young people but in many adults as well. Another solution that was shared by many participants was to promote more parent involvement in education and better parenting skills to improve parent responsibility.

To address cuts to education funding, participants identified the need to increase fundraising activities to help schools supplement program costs and emphasized the need to increase awareness of scholarship opportunities.

Finally, despite comments that the Great Rivers region offers many options for education, several participants felt there was a need for more opportunities to study the trades. Participants cited a need for more technical training and vocational high schools especially for young people who are not college bound.

**Key Issue: Cuts to programs and services**

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The last issue that was discussed in all the focus groups was the potential cuts to programs and services. The comments from focus group participants emerged in four main categories:

**Seniors and the Elderly**

When discussing the potential for cuts to programs and services, a common theme that was raised was the concern for the elderly population. Many participants in all the counties emphasized the vulnerability of seniors in our community. Programs such as Senior Care, senior dining and home care support services were mentioned often as core programs needed to keep our senior citizens healthier.

**Youth**

Participants reiterated their concern that cuts to education would negatively affect at-risk kids and students needing special education

**Common themes on cuts to programs and services**

- Effects to seniors and the elderly
- Effects to Youth
- Effects to middle class and poor
- Quality of life reduced

programs the most. Comments about the impact of cuts to extra-curricular activities have already been discussed. Several participants shared a concern that special programs such as substance abuse education would be cut at a time when substance abuse appears to be on the rise.

### **Middle class and poor**

Several participants commented that the poor and middle class will suffer the greatest hardship if cuts are made to programs and services. An increase in stress and anxiety as programs close and waiting lists become longer was repeated often.

### **Quality of life will be reduced**

Finally, several participants also commented on the potential for cuts to other public services other than human services. A reduced quality of life due to cuts to Park and Recreation programs, reduced public safety measures, or to garbage pick-up were all mentioned.

### **Solutions: Cuts to programs and services**

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Participants focused on three main solutions to cuts to programs and services: increasing funding, increasing awareness of existing services, and promoting disease prevention behaviors. Many participants recognized a great need to raise funds from both private and public sources to provide needed services. Participants felt that businesses needed to make more of a commitment to the community and could do so by providing services either through employee assistance programs, wellness programs or through sponsorship of activities such as health fairs. In addition to promoting more corporate responsibility through services, many participants called for fairness in taxes for both businesses and community members. Furthermore, participants suggested more collaboration among human service agencies and among interested groups in order to seek increased public funding. Grant writing, scholarship searching and applying for federal funding for health services and community development projects were identified as ways to increase funding.

### **Additional Issues**

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Each county focus group team had the opportunity to add an additional question on a particular local issue that had not been addressed previously. The issues discussed were taken from the top issues that surfaced in the key stakeholders meetings. Three counties in the region asked additional questions in their focus groups and Houston County asked additional questions in their youth focus groups only.

#### **Suggested solutions to cuts to programs and services**

- Corporate Responsibility
- Collaboration and Funding
- Utilize and promote more volunteers
- Prevention programs
- Increase awareness of services

The following summarizes the main points discussed regarding alcohol and drug abuse in La Crosse County, access to elderly services in Vernon County, barriers to services and resources in Monroe County, and bullying, under age alcohol, tobacco, and drug use as discussed with youth in Houston County. Although the comments for these issues only provide insight into one county, it is possible that suggested solutions may be adapted to other counties in the region facing similar problems.

### **Alcohol and Drug Abuse**

The majority of focus group participants agreed that a problem of alcohol abuse exists. Many participants also mentioned an increase in the availability in illegal drugs such as crack, heroin, cocaine, and marijuana. The term 'culture of alcohol' was often used to describe the practice of having alcohol at any kind of gathering such as: festivals, family events, graduation parties, and sporting events. Several participants felt that the 'culture of alcohol' contributed to the problem and perceived that La Crosse was unique in its concentration of bars, in its pervasive alcohol consumption, and in how inexpensive alcohol is locally. Youth participants in the focus groups also commented on the availability of a variety of illegal drugs.

Participants said,

"We need to look at this problem as an all community problem not just a problem of those on the fringes. It is easy to pass the blame. Alcohol is promoted too much. Look at all the billboards. There is still a lot of marketing to young people."

[Alcohol use] "It's an expense. Wisconsin is the worst state in terms of binge drinking and La Crosse is the worst county in the state. It affects our courts, jail, and mental health care. It takes a huge toll on our community."

"The mindset in the community is all about drinking. I have lived in Tempe, Arizona and other places in the US and people don't drink there like they do here."

Several solutions were offered with regard to the issue of alcohol and drug use. Many participants suggested making it more difficult to drink by raising the cost of alcohol through an increased alcohol tax. Others called on the community to collaborate more on the issue, enforce zero-tolerance laws and enforce penalties for adults who contribute to under-age drinking. The enforcement of zero-tolerance was discussed for schools as well.

Other solutions included enforcing a county-wide teenage curfew to make it more difficult for teens to be at college parties and for more education regarding the negative effects of alcohol for both adults and young people. Several youth comments were made that substance abuse campaigns of 'just say no' are not effective and that youth need to see and hear more about the consequences of abuse.

Several participants agreed with the following statement made by one young woman,

[Young people] "They need to know why to say no to sex and drugs. I wish I had never used drugs. They messed me up pretty bad."

Finally, several comments were made regarding advertising and marketing of alcohol. Many participants commented that the community receives mixed messages from alcohol advertising that markets drinking as the best way to have fun. Participants suggested limiting advertising and changing the perception of drinking to a negative by showing the health and social consequences of substance abuse.

### **Underage Alcohol, Tobacco, and Drug Use and Bullying**

In Houston County, the focus group team asked their youth focus group participants to discuss the issue of bullying, underage alcohol, tobacco, and drug use. The comments largely focused on alcohol use with youth affirming that underage drinking is a problem. Several comments were made regarding adult and parent involvement in supplying young people with alcohol. Youth in Houston County also suggested more education for adults and young people as well as increased discussion on the consequences of substance abuse.

The same youth groups in Houston County were also asked for their comments regarding bullying and cyber-bullying. Youth agreed that bullying was a problem facing the community and that cyber-bullying was increasingly being used in school. The discussion regarding solutions to bullying focused quite extensively on the fear of retaliation youth have when bullied or when they know of someone being bullied. Youth suggested having a point person in school that they could go to and involving parents more in education about the problem.

### **Access to Elderly Services**

The focus group team in Vernon County selected the issue of elderly care services to discuss with focus group participants. Although many comments had been made previously regarding the elderly, focus group participants had the opportunity to discuss the broad range of

issues facing this growing population. The issues most commonly discussed with regard to the elderly were:

### **Transportation**

Many participants expressed a deep concern for the challenges the elderly face with regard to their need for transportation. Participants explained that taxi services are limited or non-existent and that as a result the elderly have a difficult time getting to appointments. The lack of transportation increases the isolation of the elderly and makes it more difficult for them to live independently.

### **Housing services**

Housing and support services for the elderly were also important issues raised. Participants emphasized the need for meal sites and senior centers and stressed an increasing need for assisted living facilities in the county. Participants in Hillsboro expressed a need for a nursing home in their area.

### **Education and rehabilitation**

Another area of concern regarding the aged was the lack of awareness in the community about the needs of the elderly. Several participants felt there was a disconnect in the general population about the issues facing the elderly and expressed concern over increasing elder abuse. The need for more education and rehabilitation opportunities for the aging was emphasized and ideas to promote senior involvement in schools to create rich inter-generational learning opportunities were also identified.

### **Barriers to services and resources**

In Monroe County the focus group team identified low utilization of existing services as a priority issue to explore with the focus group participants. Overall, participants felt that underutilization of services was based on the lack of knowledge that the services were available. Some participants shared a concern regarding poor treatment of minorities seeking services and described a sense of discrimination against them.

This exchange between participants provides some insight into this issue,

"I would say there is discrimination and that keeps people away. People give you a look, you know the look that they don't respect you."

"Even at some of the places where they are supposed to help you, they too discriminate."

Most of the discussion with regard to barriers to services and resources focused on participant suggestions for improving communication between program providers and the population it is trying to serve. A specific suggestion to provide program materials and flyers in Spanish and Hmong was also made. Participant suggestions can be categorized in the following areas:

1. Increase awareness through all forms of media. Participants in Monroe County suggested utilizing the media including print, radio, and TV to increase awareness about important services. They gave specific examples of local media outlets such as WCOW and Hagen's Sports Network to run public service announcements.
2. Utilize churches and schools. The network of churches in the community was brought up by several participants as an effective way to increase program awareness. Advertising programs in church bulletins and school newsletters was also suggested.
3. Community outreach was also a key component to increasing awareness in the community. Participants suggested creating a jobs bulletin board in a central location such as City Hall, holding a community resource fair, and developing a community resource guide. Participants emphasized the need to promote 211 and involve the Chamber of Commerce and 'Business after 5' meetings to promote human services agencies serving the area.

**Additional Input**

Finally, focus group participants were asked if there were other issues that were of concern to the community. The table below summarizes the topics mentioned and indicates what counties expressed the concern.

	<b>La Crosse</b>	<b>Monroe</b>	<b>Trempealeau</b>	<b>Vernon</b>	<b>Houston</b>
Youth activities	✓	✓		✓	✓
Teen temporary shelter	✓	✓			
Sex education	✓		✓		
Teen pregnancy	✓		✓		
Dating violence and domestic violence	✓				
Human trafficking	✓				
Alcohol and drug abuse	✓	✓	✓		
Address minority needs	✓	✓			
Sick child day care	✓			✓	
Obesity		✓			
Pedestrian friendly cities		✓			



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## **COMPASS NOW 2012 Partners**

Great Rivers United Way  
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Mayo Clinic Health System  
St. Joseph's Health Services-Gundersen Lutheran  
Tomah Memorial Hospital  
Tri-County Memorial  
Vernon Memorial Healthcare  
La Crosse County Health Department  
Monroe County Health Department  
Trempealeau County Health Department  
Vernon County Health Department  
Houston County Public Health Department  
La Crosse Community Foundation

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